

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 24, 2009
Secretary of State**

DOCUMENT# N02000009919

Entity Name: GRACE EVANGELICAL BAPTIST CHURCH, INC.**Current Principal Place of Business:**2047 NE 151 STREET
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:****Current Mailing Address:**20571 NW 12 PLACE
MIAMI GARDENS,, FL 33169**New Mailing Address:**20571 NW 12TH PLACE
MIAMI GARDENS, FL 33169

FEI Number: 55-0811731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SAINT-LOUIS, JACQUES F REV
20571 NW 12TH PLACE
MIAMI GARDENS, FL 33169 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: T1 () Delete
Name: PETIT-HOMME, GLADYS
Address: 85 NE 171 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162Title: M () Delete
Name: SAINT-LOUIS, YRLANDE P
Address: 20571 NW 12 PLACE
City-St-Zip: MIAMI GARDENS, FL 33169Title: P () Delete
Name: SAINT-LOUIS, JACQUES F REV
Address: 20571 NW 12TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33169Title: S () Delete
Name: VALEUR, LINDA
Address: 42 NW 70TH STREET
City-St-Zip: MIAMI, FL 33150**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES F. SAINT-LOUIS

PRES

08/24/2009

Electronic Signature of Signing Officer or Director_____
Date