

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003516

FILED
Apr 28, 2008
Secretary of State

Entity Name: GRACE EMBRACED MINISTRY, INC.

Current Principal Place of Business:

84 CARRIAGE DRIVE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

84 CARRIAGE DRIVE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 61-1448306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRESTON, MARVA HARRIS
84 CARRIAGE DRIVE
CRAWFORDVILLE, FL 32327 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: PD () Delete
Name: PRESTON, MARVA H
Address: 84 CARRIAGE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: PRESTON, CLYDE E
Address: 84 CARRIAGE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: BARGMAN, PAMELA
Address: 84 CARRIAGE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD () Delete
Name: HULSE, JOSE
Address: 84 CARRIAGE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: HARRIS, JOHN H JR.
Address: P.O. BOX 264
City-St-Zip: CRAWFORDVILLE, FL 32326

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:

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: CLYDE E. PRESTON

VD

04/28/2008

Electronic Signature of Signing Officer or Director

Date