2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006079

FILED Jul 02, 2009 Secretary of State

Entity Name: SAVED BY GRACE CHRISTIAN CENTER, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	RAVENUE 1, FL 32905	261 THOR AVENUE PALM BAY, FL 32909
Current M	lailing Address:	New Mailing Address:
	2 AVENUE 7, FL 32905	3298 IDEAL AVE NE PALM BAY, FL 32905
n accordan	: 30-0168880 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () t receive the prior notice. Name and Address of New Registered Agent:
JORDAN, 261 THOR PALM BAY The above	JAMES C SR. R AVENUE Y, FL 32905 US named entity submits this statement for the p	JORDAN, JAMES C SR. 261 THOR AVENUE PALM BAY, FL 32909 US urpose of changing its registered office or registered agent, or both
n the State SIGNATUI	e of Florida. RF·	07/02/2009
SICINATO	Electronic Signature of Registered Age	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	PD () Delete JORDAN, JAMES C SR. 3298 IDEAL AVENUE PALM BAY, FL 32905	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	VD () Delete JORDAN, FANNIE L 3298 IDEAL AVENUE PALM BAY, FL 32905	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete GORDON, MARVIN E 239 COLLIGS STREET SE PALM BAY, FL 32909	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	SD () Delete COOPER, DEVIN 2190 FOREST KNOLL DRIVE APT. 206 PALM BAY, FL 32905	Title: SD (X) Change () Addition Name: JOHNSON, JULIA Address: 1245 PALM BAY APT Y103 City-St-Zip: PALM BAY, FL 32905
Γitle: Name:	S () Delete DAVIS, LORETTA 115 PRINCE AVE MELBOURNE, FL 32901	Title: () Change () Addition Name: Address: City-St-Zip:
Address: City-St-Zip:		Title: D (X) Change () Addition

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: JAMES JORDAN SR. PD 07/02/2009