

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# N04000001324

Entity Name: GRACE FAMILY MINISTRIES, INC

Current Principal Place of Business:

1800 SE VILLAGE GREEN DR
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1800 SE VILLAGE GREEN DR
SUITE 102
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1800 SE VILLAGE GREEN DR STE 102
PORT SAINT LUCIE, FL 34952

New Mailing Address:

1800 SE VILLAGE GREEN DR
SUITE 102
PORT SAINT LUCIE, FL 34952

FEI Number: 05-0596536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAGIN, KENNETH E
1286 S.W. HEATHER STREET
PORT ST LUCIE, FL 34983 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: P () Delete
Name: HAGIN, KENNETH E
Address: 1286 S.W. HEATHER STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: HAGIN, MARIE A
Address: 1286 S.W. HEATHER STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S () Delete
Name: AGLER, BENJAMIN
Address: 1140 SW GREENBRIAR COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: HALVERSON, ROGER W
Address: 4607 SE BINNACLE WAY, # 2B
City-St-Zip: STUART, FL 34997

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: MARIE A. HAGIN

VP

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date