2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004787

FILED Jan 09, 2009 Secretary of State

Entity Name: GRACE BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	NCH ROAD VILLE, FL 32	218					
Current Mailing Address:				New Maili	New Mailing Address:		
	NCH ROAD VILLE, FL 32	218					
FEI Number:	: 59-1581345	FEI Number Appl	ied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registere	ed Agent:	Name and	Address	of New Registered Agent:	
	D LEAF ROAD VILLE, FL 32						
	named entity of Florida.	submits this state	ment for the pu	irpose of changing i	ts registe	red office or registered agent, or bot	
SIGNATU	RE:						
	Electro	nic Signature of Re	egistered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DIR (BUNTON, HOL 402 MINOR RO YULEE, FL 32	OAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitta.	D (AVERO, CLIN) Delete T		Title: Name:	D AVERA, C	(X) Change()Addition CLINT DUNG RD	
Title: Name: Address: City-St-Zip:	11580 YOUNG JACKSONVILL	RD		Address: City-St-Zip:		VILLE, FL 32218	
Name: Address: City-St-Zip: Fitle: Name: Address:	11580 YOUNG JACKSONVILL	S RD LE, FL 32218) Delete RWIN ES RD				VILLE, FL 32218	
Name: Address:	11580 YOUNG JACKSONVILL DIR (CLAYTON, DA 11460 BRIDGI JACKSONVILL	B RD LE, FL 32218) Delete RWIN ES RD LE, FL 32218) Delete AF ROAD		City-St-Zip: Title: Name: Address:			
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	DIR (CLAYTON, DA 11460 BRIDGI JACKSONVILL T (LOGAN, ED 1235 GUM LE JACKSONVILL D (XMANCIL, NOR 5540 ADA JOH	AFRO AD ADDRESS AND ADDRESS AN		City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		() 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: ED LOGAN RA 01/09/2009