

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007887

FILED  
Apr 13, 2008  
Secretary of State

**Entity Name:** GRACE ENCOURAGEMENT MINISTRIES, INC.

**Current Principal Place of Business:**

1511 NW 89TH TERRACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1511 NW 89TH TERRACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 11-3687722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIGLEY, JOANNA L  
1511 NW 89TH TERRACE  
GAINESVILLE, FL 32606 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: DP ( ) Delete  
Name: MORRISON, CRAIG R  
Address: 4330 NW 22ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete  
Name: ARNOLD, ROBIN  
Address: 5115 SW 94TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: WEAVER, SCOTT  
Address: 4415 NW 21ST STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete  
Name: WEAVER, LAURA  
Address: 4415 NW 21ST STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: FIGLEY, STEPHEN C  
Address: 1511 NW 89TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: FIGLEY, JOANNA L  
Address: 1511 NW 89TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

**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:

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: JOANNA L FIGLEY

D

04/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date