

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007887

FILED
Apr 11, 2009
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:

4001 NEWBERRY ROAD
SUITE C-4
GAINESVILLE, FL 32607

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: DVP (X) Change () Addition
Name: ARNOLD, ROBIN
Address: 5115 SW 94TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: DT (X) Change () Addition
Name: MORRISON, SUE
Address: 4330 N.W. 22ND TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DS (X) Change () Addition
Name: KLINE, WANDA
Address: 5027 N.W. 75TH LANE
City-St-Zip: GAINESVILLE, FL 32653

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: STEPHEN C. FIGLEY

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date