# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N04000009283

**Entity Name:** THE GRACE CENTER CHURCH MINISTRIES, INC.

**Current Principal Place of Business:**

18800 NW 2 AVE # 119
MIAMI, FL 33169

**New Principal Place of Business:**

19501 NW 2 AVE
MIAMI, FL 33169

**Current Mailing Address:**

20730 NE 8 PATH
AVENTURA, FL 33179

**New Mailing Address:**

**FEI Number: 33-1101558** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SERVIUS, EDWIN P REV.
20730 NE 8 PATH
AVENTURA, FL 33179 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: SERVIUS, EDWIN P REV.
Address: 20730 NE 8 PATH
City-St-Zip: AVENTURA, FL 33179

Title: VP ( ) Delete
Name: DORCELY, LEDONAS
Address: 18800 NW 2 AVE # 119
City-St-Zip: MIAMI, FL 33169

Title: SEC ( ) Delete
Name: SERVIUS, EDWIN P
Address: 20730 NE 8 PATH
City-St-Zip: AVENTURA, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: DORCELY, LEDONAS
Address: 19501 NW 2 AVE
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MYSRAL, ERICK
Address: 19501 NW 2 AVE
City-St-Zip: MIAMI, FL 33169

Title: DEA ( ) Change (X) Addition
Name: JOSEPH, MERCIUS
Address: 1370 NW 179 STREET
City-St-Zip: MIAMI, FL 33169

Title: MEM ( ) Change (X) Addition
Name: DORELIEN, MARTHE
Address: 19501 NW 2 AVE
City-St-Zip: MIAMI, FL 33169

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: EDWIN P SERVIUS P 04/30/2009

Electronic Signature of Signing Officer or Director — Date