

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N04000009730

Entity Name: SABBATH GRACE FELLOWSHIP, INC.

Current Principal Place of Business:

207 SEMORAN COMMERCE PLACE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

207 SEMORAN COMMERCE PLACE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-1853379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLER, TERRY G
.18 ZACHARY DRIVE
APOPKA, FL 32712 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: D () Delete
Name: POOLER, TERRY G PASTOR
Address: 518 ZACHARY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CREWS, JERRY FINANCE
Address: PO BOX 2303
City-St-Zip: WINTER PARK, FL 32790

Title: D () Delete
Name: VASQUEZ, JOSUE TREA.
Address: 2746 MENDELIN ST
City-St-Zip: APOPKA, FL 32703

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:

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: JOSUE VASQUEZ

D

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date