2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N05000000243

Entity Name: GRACE FOR GLORY MINISTRIES, INC.

Current Principal Place of Business:

1082 EAGLE POINT DR.
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600157
JACKSONVILLE, FL 322600157

New Mailing Address:

FEI Number: 20-2292210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COPE, KATHY
1082 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092 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:	COPE, KATHY R	
Address:	1082 EAGLE POINT DRIVE	
City-St-Zip:	ST. AUGUSTINE, FL 32092	
Title:	VP	( ) Delete
Name:	COPE, LAFAYETTE L	
Address:	1082 EAGLE POINT DRIVE	
City-St-Zip:	ST. AUGUSTINE, FL 32092	
Title:	S	( ) Delete
Name:	MORRIS, SUSAN	
Address:	1100 PAWNEE PLACE	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	T	( ) Delete
Name:	CATHY, PARKER	
Address:	122 GLEN OAKS DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32259	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PARKER, CATHY	
Address:	122 GLEN OAKS DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	T	(X) Change ( ) Addition
Name:	KATHY, COPE	
Address:	1082 EAGLE POINT DRIVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32092	

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: KATHY COPE P 01/29/2009

Electronic Signature of Signing Officer or Director — Date