## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002969

FILED Apr 29, 2009 Secretary of State

Entity Name: TABERNACLE GRACE BAPTIST CHURCH INC.

Current Principal Place of Business:			New Principal Place of Business:		
	PEACHTREE D, FL 33801				
Current Mailing Address:			New Mailing Address:		
	PEACHTREE D, FL 33801				
FEI Number:	74-3168281	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	, JAMES PEACHTREE D, FL 33801	US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () LUCKETT, RICH 1401 HARRY ST YPSILANTI, MI	Г.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () RICH, JEANENE 1219 ROBERT I LAKELAND, FL	KING HIGH DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () LUCKETT, JAMI 723 WEST PEA LAKELAND, FL	CHTREE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () GAINER, SANDI 5070 MENLO P LAKELAND, FL	ARK #307	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () AMOS, JOSEPH 1401 HARRY S' YPSILANTI, MI	г.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: SANDRA GAINER RA 04/29/2009