

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009178

FILED
Mar 20, 2009
Secretary of State

Entity Name: GRACE COMMUNITY CHURCH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1999 MIKLER RD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1999 MIKLER RD.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 32-0157855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, CARLOS L
1999 MIKLER RD.
OVIEDO, FL 32765 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: VAZQUEZ, CARLOS L
Address: 146 MARK DAVID BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MIKLER, ANDY
Address: 9958 LAKE GEORGIA DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: OLLIFF, ROBERT
Address: 2005 MIKLER RD
City-St-Zip: OVIEDO, FL 32765

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: CARLOS L VAZQUEZ

D

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date