

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005946

FILED
Mar 22, 2009
Secretary of State

Entity Name: GRACE TEMPLE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

701 SW 1ST AVE
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 429
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 20-8428878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDERSON, MICHAEL A
3311 SE 18TH AVE
GAINESVILLE, FL 32641 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: HENDERSON, MICHAEL A
Address: 3311 SE 18TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: HENDERSON, ELIZABETH V
Address: 3311 SE 18TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: HALE, WILLIE M
Address: 1001 SE 19TH TERR
City-St-Zip: GAINESVILLE, FL 32641

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: MICHAEL A. HENDERSON

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date