

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006286

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** NEW GRACE CHAPEL CHRISTIAN METHODIST EPISCOPAL (CME) CHURCH, INC.

**Current Principal Place of Business:**

1214 E LAURA STREET  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

1214 E LAURA STREET  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, SAUL  
1706 E WARREN STREET  
PLANT CITY, FL 33566 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  
Name: FORTE-WADE, MARGRET  
Address: 1214 E. LAURA ST  
City-St-Zip: PLANT CITY, FL 33563

Title: CSB  
Name: WADE, AISHA  
Address: 1214 E LAURA STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: RS  
Name: FORTE, JESSIE  
Address: 1214 E LAURA STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: S/AA  
Name: NESBITT, PAMELA  
Address: 1214 E LAURA STREET  
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: MARGRET FORTE-WADE

PAST

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date