

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012016

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** GRACE CHURCH OF INDIAN HARBOUR BEACH, INC.

**Current Principal Place of Business:**

1202 BANANA RIVER DR.  
INDIAN HARBOUR BCH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

1202 BANANA RIVER DR.  
INDIAN HARBOUR BCH, FL 32937

**New Mailing Address:**

**FEI Number:** 20-8004385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KABBOORD, WILLIAM D SR  
1202 BANANA RIVER DR.  
INDIAN HARBOUR BCH, FL 32937 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: KABBOORD, WILLIAM D SR  
Address: 640 CINAMON CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete  
Name: LOS, ALFRED  
Address: 546 LAMBERTH WALK  
City-St-Zip: MELBOURNE, FL 32901

Title: S ( ) Delete  
Name: KABBOORD-HEMELGARN, HOLLY  
Address: 5339 DUSKYWING DR  
City-St-Zip: ROCKLEDGE, FL 32955

**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: WILLIAM D. KABBOORD SR.

P

02/03/2009

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

\_\_\_\_\_  
Date