

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013107

FILED
Apr 25, 2007
Secretary of State

Entity Name: GRACE BAILEY MINISTRIES INC

Current Principal Place of Business:

803 N WAUKESHA STREET
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

803 N WAUKESHA STREET
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 20-8109589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANEY, ROGER L III
1378 N RAILROAD AVENUE
CHIPLEY, FL 32428 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: BAILEY, LEISA H
Address: 803 N WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

Title: VP () Delete
Name: KIRKLAND, TAMMY A
Address: 803 N WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

Title: TREA () Delete
Name: BAILEY, JAMES W
Address: 803 N WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

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: LEISA BAILEY

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date