2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06768

FILED Apr 16, 2009 Secretary of State

Entity Name: OCALA GRACE BRETHREN CHURCH INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 6474 NE 7TH STREET OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** 6474 NE 7TH STREET OCALA, FL 34470 US FEI Number: 59-2516658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDRE, VANCE 5450 E FORT KING ST OCALA, FL 34470 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAXSON, RICHARD Name: Name: 14655 NE 24TH PL Address: Address: City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: Title: PD Title: VD (X) Change () Addition () Delete Name: MILLER, PAUL R Name: MILLER, PAUL R Address: 2340 NE 146TH AVE., LOT #6 Address: 2340 NE 146TH AVE., LOT #6 City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: SILVER SPRINGS, FL 34488 Title: () Delete Title: SD (X) Change () Addition ANDRE, VANCE ANDRE, VANCE Name: Name: 5450 E. FORT KING STREET 5450 E. FORT KING STREET Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34470 Title: PD () Delete Title: () Change () Addition Name: DAVIS, CHARLES R Name: Address: 3821 NE 19TH ST CIR Address: City-St-Zip: OCALA, FL 34470 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: CHARLES R DAVIS PD 04/16/2009