

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002088

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** GRACE AND TRUTH ASSEMBLY INC., AT SPRING HILL

**Current Principal Place of Business:**

210 BELL AVE  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6865  
SPRING HILL, FL 34611 US

**New Mailing Address:**

**FEI Number:** 20-8670318      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ANSTED, ROBERT M  
11378 DEERCROFT CT  
SPRING HILL, FL 34609 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: PD ( ) Delete  
Name: ANSTED, ROBERT M  
Address: 11378 DEERCROFT CT  
City-St-Zip: SPRING HILL, FL 34609

Title: SD ( ) Delete  
Name: MAHONEY, STEVEN  
Address: 15035 TONI TERRACE  
City-St-Zip: HUDSON, FL 34669

Title: TD ( ) Delete  
Name: BARRETT, NICHOLAS E  
Address: 8450 MADRID RD  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D ( ) Delete  
Name: BURROWES, EDWARD E  
Address: 1309 CANOPY OAKS  
City-St-Zip: MINNEOLA, FL 34715

Title: D ( ) Delete  
Name: JOHN, EMANUEL V  
Address: 8196 PHILATELIC DRIVE  
City-St-Zip: SPRING HILL, FL 34606

**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:

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: ROBERT M. ANSTED

PD

04/15/2009

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

\_\_\_\_\_  
Date