

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007248

FILED
Jan 16, 2009
Secretary of State

Entity Name: AMAZING GRACE LUTHERAN CHURCH, INC.

Current Principal Place of Business:

4060 CR 108
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

PO BOX 104
OXFORD, FL 34484

New Mailing Address:

FEI Number: 26-0789880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOVIS, KENNETH M
9198 SE 120TH LOOP
SUMMERFIELD, FL 34491 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: HOVIS, KENNETH M
Address: 9198 SE 120TH LOOP
City-St-Zip: SUMMERFIELD, FL 34491

Title: V () Delete
Name: SCHAEFER, LOIS E
Address: 668 FARMINGTON AVE
City-St-Zip: THE VILLAGES, FL 32162

Title: S () Delete
Name: GREWE, JANICE E
Address: 9515 SE 171ST ARGYLE ST
City-St-Zip: THE VILLAGES, FL 32159

Title: D () Delete
Name: MCDONALD, PATRICIA M
Address: 643 TURNBERRY FOREST DR
City-St-Zip: THE VILLAGES, FL 32162

Title: D () Delete
Name: ROCKEY, JAMES H
Address: 3216 HOPEWELL STREET
City-St-Zip: THE VILLAGES, FL 32162

Title: T () Delete
Name: CAHILL, BEVERLY
Address: 744 EVERLYNTON LOOP
City-St-Zip: LADY LAKE, FL 32162

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: D (X) Change () Addition
Name: MCDONALD, PATRICK M
Address: 643 TURNBERRY FOREST DR
City-St-Zip: THE VILLAGES, FL 32162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CAHILL, BEVERLY J
Address: 744 EVERLYNTON LOOP
City-St-Zip: THE VILLAGES, FL 32162

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: KENNETH M. HOVIS

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date