

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008545

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** HEIRS OF GRACE MINISTRIES, INC.

**Current Principal Place of Business:**

91 SUMMERWIND CIRCLE W  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

91 SUMMERWIND CIRCLE W  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 26-0700040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOLEN, KERRY L  
91 SUMMERWIND CIRCLE W  
CRAWFORDVILLE, FL 32327 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  
Name: NOLEN, KERRY L  
Address: 91 SUMMERWIND CIRCLE W  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: O'STEEN, CINDY  
Address: 91 SUMMERWIND CIRCLE W  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST  
Name: O'STEEN, CINDY  
Address: 91 SUMMERWIND CIRCLE W  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: CINDY O'STEEN

VP

01/08/2010

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

\_\_\_\_\_  
Date