2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# N07000011809

Entity Name: GREATER GRACE APOSTOLIC ASSEMBLY, INC.

Current Principal Place of Business:

1001 KURZE AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

5407 B HWY 22
PANAMA CITY, FL 32404

Current Mailing Address:

1001 KURZE AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 26-1559301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, TIMOTHY T
1001 KURZE AVENUE
PANAMA CITY, FL 32401 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: PDT ( ) Delete
Name: LIVINGSTON, TIMOTHY T
Address: 1001 KURZE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: AUGUST, JONATHAN
Address: 9100 MARINA AVE.
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: D ( ) Delete
Name: THOMAS, CHAURY
Address: 2889 A SABRE DR.
City-St-Zip: TYNDALL AFB, FL 32403

Title: S ( ) Delete
Name: DISHAN LIVINGSTON, TREASURE
Address: 1001 KURZE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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:

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: TIMOTHY T LIVINGSTON PDT 03/10/2008

Electronic Signature of Signing Officer or Director — Date