

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003000

FILED
Jun 24, 2009
Secretary of State

Entity Name: TOTAL GRACE CHRISTIAN CENTER OF JACKSONVILLE, INC.

Current Principal Place of Business:

708 SHORPUTT DRIVE
MACCLENLY, FL 32063

New Principal Place of Business:

11382 BRIAN LAKES DR
JACKSONVILLE, FL 32221

Current Mailing Address:

708 SHORPUTT DRIVE
MACCLENLY, FL 32063

New Mailing Address:

11382 BRIAN LAKES DR
JACKSONVILLE, FL 32221

FEI Number: 26-2337241 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STAIER, TIMOTHY D
708 SHORPUTT DRIVE
MACCLENLY, FL 32063 US

Name and Address of New Registered Agent:

STAIER, TIMOTHY D
11382 BRIAN LAKES DR
JACKSONVILLE, FL 32221 US

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: _____

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAIER, TIMOTHY D
Address: 708 SHORPUTT DRIVE
City-St-Zip: MACCLENLY, FL 32063 US

Title: VP () Delete
Name: STAIER, KRISTAL M
Address: 708 SHORPUTT DRIVE
City-St-Zip: MACCLENLY, FL 32063 US

Title: D () Delete
Name: WALLACE, KEVIN
Address: 2000 SUTTERS LANE
City-St-Zip: OOLTEWAH, TN 37363 US

Title: D () Delete
Name: PRYOR, TERESA R
Address: 3705 WINDY HILL ROAD SE
City-St-Zip: CONYERS, GA 30013 US

Title: D () Delete
Name: BROWN, FRANK
Address: 1190 COPPER CREEK DRIVE
City-St-Zip: MACCLENLY, FL 32063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAIER, TIMOTHY D
Address: 11382 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP (X) Change () Addition
Name: STAIER, KRISTAL M
Address: 11382 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221 US

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 D. STAIER

P

06/24/2009

Electronic Signature of Signing Officer or Director

Date