

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003000

FILED
Mar 01, 2010
Secretary of State

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

Current Principal Place of Business:

11382 BRIAN LAKES DR
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

11382 BRIAN LAKES DR
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 26-2337241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAIER, TIMOTHY D
11382 BRIAN LAKES DR
JACKSONVILLE, FL 32221 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: STAIER, TIMOTHY D
Address: 11382 BRIAN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32221 US

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

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

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

Title: D
Name: BROWN, FRANK
Address: 1190 COPPER CREEK DRIVE
City-St-Zip: MACCLENNY, FL 32063 US

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: TIMOTHY D. STAIER

P

03/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date