

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008291

FILED
Jan 31, 2009
Secretary of State

Entity Name: EVANGELICAL BAPTIST CHURCH OF GRACE INC.

Current Principal Place of Business:

1893 NE 164TH STREET, SUITE 112
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

1893 N E 164TH STREET.
SUITE 112
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

17110 NW 10TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 30-0503743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LEMAINE, FRUTO
17110 N W 10TH STREET
PEMBROBRE PINES, FL 33028 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: LEMAIN FRUTO

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEMAIN, FRUTO
Address: 1893 NE 164TH STREET, SUITE 112
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD () Delete
Name: NOEL, MICHELET
Address: 1893 NE 164TH STREET, SUITE 112
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD () Delete
Name: MOISE, ANNE G
Address: 1893 NE 164TH STREET, SUITE 112
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: NOEL, EDLINE
Address: 1893 NE 164TH STREET, SUITE 112
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: REV.FRUTO LEMAIN

PD

01/31/2009

Electronic Signature of Signing Officer or Director

Date