

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012293

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** GRACE AND PEACE MINISTRIES OF GAINESVILLE, INC

**Current Principal Place of Business:**

10515 ARCHER RD.  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 140448  
GAINESVILLE, FL 326140338

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWERS, ISADORE JUNIOR  
10515 ARCHER RD.  
GAINESVILLE, FL 32608 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: PD  
Name: BOWERS, ISADORE  
Address: 10515 ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD  
Name: BOWERS, GREGORY  
Address: 10515 ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: SD  
Name: BOWERS, TESSA  
Address: 10515 ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: S  
Name: BOWERS, KENNY ASST.  
Address: 10515 ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: T  
Name: BOWERS, FREDDICK ASST.  
Address: 10515 ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: T  
Name: NEALY, REGINA  
Address: 10515 ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

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: ISADORE BOWERS

PD

03/03/2011

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

\_\_\_\_\_  
Date