

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11133

FILED
Mar 12, 2008
Secretary of State

Entity Name: GRACE COMMUNITY CHURCH OF NAPLES, INC.

Current Principal Place of Business:

5524 19TH CT. SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

5524 19TH CT. SW
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-2585699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, ELLSWORTH E.
3590 23RD AVE S.W.
NAPLES, FL 34117 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 () Delete
Name: MCINTYRE, ELLSWORTH, E
Address: 3590 23RD SW
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: MCINTYRE, P L,
Address: 3590 23RD AVE SW
City-St-Zip: NAPLES, FL 34116

Title: TD () Delete
Name: HARRISON, F L,
Address: 4211 CINDY AVE
City-St-Zip: NAPLES, FL 34112

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:

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: F. L. HARRISON

TD

03/12/2008

Electronic Signature of Signing Officer or Director

Date