2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# N14759

Entity Name: GRACE APOSTOLIC TEMPLE, INC.

Current Principal Place of Business:

1712 SOUTH WEST ROAD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2058
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2737322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BENNETT, MAURICE D.
114 MCKAY BLVD
SANFORD, FL 32771 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 ( ) Delete
Name: BENNETT, MAURICE D.
Address: 114 MCKAY BLVD.
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete
Name: BENNETT, CYNTHIA, E
Address: 114 MCKAY BLVD
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: MCMILLER, CLARENCE
Address: 3000 FIFER DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: BENNETT, WILLIE J.
Address: 112 SCOTT DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: TYER, THELMA
Address: 142 SCOTT DRIVE
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: VAUGHT PARKER
Address: 1824 ROOSEVELT AVE
City-St-Zip: SANFORD, FL 32771

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: MAURICE D. BENNETT SR. P 08/28/2009

Electronic Signature of Signing Officer or Director — Date