

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16731

FILED
Apr 26, 2008
Secretary of State

Entity Name: THE GRACE BAPTIST CHURCH OF EUSTIS, INC.

Current Principal Place of Business:

19650 E. S. R. 44
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

19650 E. S. R. 44
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 59-3319357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONNIE R TRES
19650 E. S.R. 44
EUSTIS, FL 32736 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: DT () Delete
Name: JONES, RON
Address: 37236 SLICE LN
City-St-Zip: GRAND ISLAND, FL 32735

Title: DT () Delete
Name: WEISER, WENDY
Address: 21751 DAIRY ROAD
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: ROGERS, JAMES D
Address: 1312 OLD MT DORA RD
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: TRIVETT, DANIEL B
Address: 700 N. HAWLEY ST.
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: FAIRBURN, LYNDIA
Address: 3226 WEKIVA ROAD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: SMITH, EARL
Address: 2011 FLORENCE RD
City-St-Zip: MOUNT DORA, FL 32757

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 (X) Change () Addition
Name: BROWN, DON
Address: 29 E LEMON AVE
City-St-Zip: EUSTIS, FL 32726

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: RON JONES

DT

04/26/2008

Electronic Signature of Signing Officer or Director

Date