

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30385

FILED
Mar 22, 2009
Secretary of State

Entity Name: AMAZING GRACE EVANGELICAL LUTHERAN CHURCH INC.

Current Principal Place of Business:

2530 JENKS AVENUE
ATTN: PRESIDENT
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2530 JENKS AVENUE
ATTN: PRESIDENT
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-2942382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVISON, ROBERT J
1300 CONNECTICUT AVE
LYNN HAVEN, FL 32444 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: V () Delete
Name: COBB, BARNEY
Address: 101 EAST GULF CT
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ED () Delete
Name: MCTRUSTY, TIM
Address: 114 SANDOLLAR DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: FSD () Delete
Name: GILES, DONALD J
Address: 302 WOOD TRAIL RD
City-St-Zip: PANAMA CITY, FL 32405

Title: PD () Delete
Name: BREILER, ROBERT
Address: 1601 KENTUCKY AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: WEAVER, TIM
Address: 1612 GEORGIA AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TR () Delete
Name: VANDERWERFF JR, JOE A
Address: 514 LIGHTHOUSE RD.
City-St-Zip: PANAMA CITY BEACH, FL 32407

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
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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: JOE VANDERWERFF JR

TR

03/22/2009

Electronic Signature of Signing Officer or Director

Date