2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36070

FILED Jan 19, 2009 Secretary of State

Entity Name: GRACE FAMILY CHURCH OF PORT ST. LUCIE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

6300 NW WEST TORINO PKWY PORT SAINT LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

6300 NW WEST TORINO PKWY PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0156968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STEFFEL, JEFFREY P.

1673 TAURUS LN

STEFFEL, JEFFREY P.

952 SW GRAND RESERVE B

1673 TAURUS LN 952 SW GRAND RESERVE BLVD.
PORT SAINT LUCIE, FL 34984 US PORT SAINT LUCIE, FL 34986 US

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: JEFFREY P. STEFFEL 01/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D () DeleteTitle:D (X) Change () AdditionName:STEFFEL, JEFFREY P.,Name:STEFFEL, JEFFREY P.,Address:1673 TAURUS LANEAddress:952 SW GRAND RESERVE BLVD.City-St-Zip:PORT ST. LUCIE, FL 34984City-St-Zip:PORT ST. LUCIE, FL 34986

Title: VPD () Delete Title: () Change () Addition

 Name:
 ALESSI, FRANK
 Name:

 Address:
 1462 SE BERWICH COURT
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: STEFFEL, VIOLET E., Name: STEFFEL, VIOLET E.,

Address: 1673 TAURUS LANE Address: 952 SW GRAND RESERVE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984 City-St-Zip: PORT ST. LUCIE, FL 34986

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: JEFFREY P. STEFFEL D 01/19/2009