

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37340

FILED
Jan 07, 2009
Secretary of State

Entity Name: GRACE EMMANUEL CHURCH, INC.

Current Principal Place of Business:

1470 SE HUFFMAN ROAD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1470 SE HUFFMAN ROAD
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0201296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESS, SAMUEL E.
1218 SW MANCUSO
PORT ST. LUCIE, FL 34953 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: CHESS, SAMUEL E.,
Address: 1218 SW MANCUSO AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: HOGE, GEOFF
Address: 1785 SW LEAFY RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: RULE, ROBERT,
Address: 237 EASY STREET
City-St-Zip: FT. PIERCE, FL 34982

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: SAMUEL E. CHESS

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date