

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38377

FILED
Feb 23, 2009
Secretary of State

Entity Name: GRACE TABERNACLE (INDEPENDENT) BAPTIST CHURCH OF HERNANDO COUNTY, FLORIDA, INC.

Current Principal Place of Business:

1661 W. JEFFERSON STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

PO BOX 10009
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 65-0208716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, JOSEPH M JR
101 S MAIN ST
BROOKSVILLE, FL 34601 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: DP () Delete
Name: HIGGINBOTHAM, JOHN
Address: 22423 LAKE LINDSEY RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: DV () Delete
Name: WEEKLEY, PAUL
Address: 17480 NICHOLAS DRIVE
City-St-Zip: BROOKSVILLE, FL 34604

Title: DT () Delete
Name: ALLEN, ALFRED III
Address: 515 HICKORY ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: WOODRUFF, EDWARD
Address: 31283 SATINLEAF RUN
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: ALLEN, ALFRED N III
Address: 515 HICKORY ST
City-St-Zip: BROOKSVILLE, FL 34601

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: ALFRED N. ALLEN, III

DT

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date