

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45938

FILED
Jul 05, 2009
Secretary of State

Entity Name: GRACEVILLE FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

5565 BROWN STREET
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

5565 BROWN STREET
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3104319 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, CHARLES
5565 BROWN ST.
GRACEVILLE, FL 32440 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: PD () Delete
Name: JACKSON, CHARLES
Address: 5565 BROWN ST.
City-St-Zip: GRACEVILLE, FL 32440

Title: VD () Delete
Name: HORTON, TOM
Address: 5565 BROWN ST
City-St-Zip: GRACEVILLE, FL 32440

Title: STD () Delete
Name: WILLIAMS, TRAVIS
Address: 5565 BROWN ST.
City-St-Zip: GRACEVILLE, FL 32440

Title: S () Delete
Name: SLOAN, GLENDA
Address: 5565 BROWN ST.
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: MAX, POLSTON
Address: 5565 BROWN ST.
City-St-Zip: GRACEVILLE, FL 32440

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: GLENDA SLOAN

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07/05/2009

Electronic Signature of Signing Officer or Director

Date