

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006000

FILED  
Jun 02, 2008  
Secretary of State

Entity Name: GRACE MINISTRIES-BRISTOL, INC.

**Current Principal Place of Business:**

1801 GARRISON AVENUE  
PORT SAINT JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 GARRISON AVENUE  
PORT SAINT JOE, FL 32456 US

**New Mailing Address:**

FEI Number: 59-3437378      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:**

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

BROOME, LARRY L  
1801 GARRISON AVENUE  
PORT SAINT JOE, FL 32456 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROOME, LARRY L  
Address: 1801 GARRISON AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: D ( ) Delete  
Name: BROOME, MARILYN  
Address: 1801 GARRISON AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: D ( ) Delete  
Name: BROOME, JOHN  
Address: 615 N TYNDALL PARKWAY  
City-St-Zip: PANAMA CITY, FL 32404 US

**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: LARRY L. BROOME

D

06/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date