

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002918

FILED
Apr 29, 2009
Secretary of State

Entity Name: GRACE BAPTIST CHURCH OF CRAWFORDVILLE, INC.

Current Principal Place of Business:

803 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

803 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-2886138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSBY, PAULA
8771 D L CROSBY LANE
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

KENYON, CHARLES
119 HARRY MORRISON ROAD
CRAWFORDVILLE, FL 32327 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: CHARLES KENYON

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KENYON, CHARLES
Address: 803 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: DOCKERY, WILLIAM
Address: 10790 OLD PINE ACRES TRAIL
City-St-Zip: TALLAHASSEE, FL 32305

Title: T () Delete
Name: SAPP, RHONDA
Address: 803 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KENYON, CHARLES
Address: 119 HARRY MORRISON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: SAMANTHA KILBOURN

S/T

04/29/2009

Electronic Signature of Signing Officer or Director

Date