

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004581

FILED
Apr 30, 2009
Secretary of State

Entity Name: GRAHAM'S CHAPEL DELIVERANCE & PEACE MINISTRY, INC.

Current Principal Place of Business:

5358 13TH ST
MALONE, FL 32445

New Principal Place of Business:

Current Mailing Address:

2466 DILMORE RD
COTTONDALE, FL

New Mailing Address:

5358 13TH ST
MALONE, FL 32445

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, BOBBY C
3845 WHISPERING PINES CIRCLE
GREENWOOD, FL 32443 US

Name and Address of New Registered Agent:

GRAHAM, BOBBY C
5358 13TH ST.
MALONE, FL 32445 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: B () Delete
Name: GRAHAM, BOBBY C
Address: 2466 DILMORE ROAD
City-St-Zip: COTTONDALE, FL 32441

Title: PCEO () Delete
Name: GRAHAM, BARBARA A PASTOR
Address: 2466 GILMORE RD
City-St-Zip: COTTONDALE, FL

Title: VP () Delete
Name: MACK, DOROTHY
Address: 2847 DAVEY STREET
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: B (X) Change () Addition
Name: GRAHAM, BOBBY C
Address: 5358 13TH ST.
City-St-Zip: MALONE, FL 32445

Title: PCEO (X) Change () Addition
Name: GRAHAM, BARBARA A PASTOR
Address: 5358 13TH
City-St-Zip: MALONE, FL 32445

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: BOBBY C. GRAHAM

B

04/30/2009

Electronic Signature of Signing Officer or Director

Date