2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001941

FILED Jan 05, 2009 Secretary of State

Entity Name: GRACE TABERNACLE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

22 FERNHOM LN. 22 FERNHAM LANE PALM COAST, FL 32137 PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

PO BOX 354528

PALM COAST, FL 321354528

FEI Number: 59-3506545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SILANO, CHARLES
22 FERNBAUM LN.
SILANO, CHARLES
22 FERNHAM LANE

PALM COAST, FL 32137 US PALM COAST, FL 32137 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: 01/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCT () Delete Title: PCT (X) Change () Addition

 Name:
 SILANO, CHARLES
 Name:
 SILANO, CHARLES

 Address:
 22 FERNBAUM LN.
 Address:
 22 FERNHAM LANE

 City-St-Zip:
 PALM COAST, FL 32137
 City-St-Zip:
 PALM COAST, FL 32137

Title: S () Delete Title: () Change () Addition

 Name:
 SILANO, COLLEEN
 Name:

 Address:
 13 FERNHAM LN
 Address:

 City-St-Zip:
 PALM COAST, FL 32137
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 TOMPKINS, CHARLES
 Name:
 BAXTER, LANCE

 Address:
 59 BLAIR DR
 Address:
 PO BOX 350991

 City-St-Zip:
 PALM COAST, FL 32137
 City-St-Zip:
 PALM COAST, FL 32135

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KNIGHT, CLAYTON
 Name:
 KNIGHT, CLAYTON

 Address:
 2 B WHEEL COURT
 Address:
 123 PINE GROVE DR.

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:
 PALM COAST, FL 32164

 Name:
 REED, ALLAN
 Name:

 Address:
 9 BLACKFOOT CT
 Address:

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 WILLIAMS, JAQUELINE

 Address:
 Address:
 21 POPLAR DRIVE

 City-St-Zip:
 City-St-Zip:
 PALM COAST, FL 32164

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: CHARLES SILANO PCT 01/05/2009