


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000004552 1. Entity Name NEW HOME BAPTIST CHURCH OF GRACEVILLE, INC.	
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Principal Place of Business 494 NEW HOME CIRCLE GRACEVILLE, FL 32440	Mailing Address C/O ROBERT HICKS 670 SATELLITE RD GRACEVILLE, FL 32440
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02172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2363254	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HICKS, ROBERT 494 NEW HOME CIRCLE GRACEVILLE, FL 32440	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000847374  
 03/19/08-80017-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKLAND, MARION 5717 HWY 77 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAIN, LINDA 706 3RD ST CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIVER, DOYLE 487 TRI COUNTY RD GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, HUEY REV 2986 POST OAK RD SLOCOMB, AL 36375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, ROBERT 670 SATELLITE RD. GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Linda Cain Linda CAIN 3/2/08 850-638-4736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #