

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004552

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: NEW HOME BAPTIST CHURCH OF GRACEVILLE, INC.

**Current Principal Place of Business:**

494 NEW HOME CIRCLE  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT HICKS  
670 SATELLITE RD  
GRACEVILLE, FL 32440

**New Mailing Address:**

C/O LINDA CAIN  
706 3RD STREET  
CHIPLEY, FL 32428

FEI Number: 59-2363254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HICKS, ROBERT  
494 NEW HOME CIRCLE  
GRACEVILLE, FL 32440 US

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

CAIN, LINDA  
494 NEW HOME CIRCLE  
GRACEVILLE, FL 32440 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: LINDA CAIN

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KIRKLAND, MARION  
Address: 5717 HWY 77  
City-St-Zip: GRACEVILLE, FL 32440

Title: STD ( ) Delete  
Name: CAIN, LINDA  
Address: 706 3RD ST  
City-St-Zip: CHIPLEY, FL 32428

Title: VD ( ) Delete  
Name: SHIVER, DOYLE  
Address: 487 TRI COUNTY RD  
City-St-Zip: GRACEVILLE, FL 32440

Title: D ( ) Delete  
Name: HUGHES, HUEY REV  
Address: 2986 POST OAK RD  
City-St-Zip: SLOCOMB, AL 36375

Title: D ( ) Delete  
Name: HICKS, ROBERT  
Address: 670 SATELLITE RD.  
City-St-Zip: GRACEVILLE, FL 32440

**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:

Title: D (X) Change ( ) Addition  
Name: TAYLOR, BRIAN REV  
Address: 1217 HWY 2  
City-St-Zip: GRACEVILLE, FL 32440

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: LINDA CAIN

STD

04/02/2009

Electronic Signature of Signing Officer or Director

Date