

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004552

**FILED**  
**Jan 25, 2011**  
**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 LINDA CAIN  
706 3RD STREET  
CHIPLEY, FL 32428

**New Mailing Address:**

**FEI Number:** 59-2363254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: TAYLOR, BRIAN REV  
Address: 1217 HWY 2  
City-St-Zip: GRACEVILLE, FL 32440

Title: D  
Name: CAIN, FERRELL  
Address: 706 3RD STREET  
City-St-Zip: CHIPLEY, FL 32428

I hereby 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 all other like empowered.

SIGNATURE: LINDA CAIN

STD

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date