

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002326

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: GRACE BIBLE MINISTRIES OF FLORIDA, INC.

## Current Principal Place of Business:

1554 HIGHCREST CIRCLE  
VALRICO, FL 33594

## New Principal Place of Business:

1554 HIGHCREST CIRCLE  
VALRICO, FL 335965017

## Current Mailing Address:

1554 HIGHCREST CIRCLE  
VALRICO, FL 33594

## New Mailing Address:

1554 HIGHCREST CIRCLE  
VALRICO, FL 335965017

FEI Number: 59-3578986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWELL, ROGER K  
1554 HIGHCREST CIRCLE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

NEWELL, ROGER K  
1554 HIGHCREST CIRCLE  
VALRICO, FL 335965017 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: ROGER NEWELL

04/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EASERS, CHARLES  
Address: 1806 S. GULFVIEW DR.  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: SMITH, MICHAEL  
Address: 6227 GANNETDALE DR  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: NEWELL, ROGER  
Address: 1554 HIGHCREST CIRCLE  
City-St-Zip: VALRICO, FL 33596

Title: D ( ) Delete  
Name: CUTLER, SCOTT  
Address: 11210 DONNEYSMOOR DR  
City-St-Zip: RIVERVIEW, FL 33569

## 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: ( ) 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: ROGER NEWELL

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date