

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2007
Secretary of State**

DOCUMENT# N04000008808

Entity Name: SOURCE OF GRACE BAPTIST CHURCH, INC.

Current Principal Place of Business:

12825 NE 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

12825 NE 2ND AVENUE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 20-0122749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERTIL, RICOT REV.
12825 NE 2ND AVENUE
MIAMI, FL 33138 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 () Delete
Name: FERTIL, RICOT BR.
Address: 12825 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

Title: VD () Delete
Name: FERTIL, LORSINSKA SR.
Address: 12825 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

Title: TD () Delete
Name: JEAN, CHARLES
Address: 14635 N E 5TH AVE
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: MARC, PIERRE B
Address: 12605 NW 10TH AVE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: BERTHONY, LEXINE
Address: 2830 NW 132 ST
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: FERTIL, LORSINSKA SR.
Address: 12825 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

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
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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 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: RICOT FERTIL

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date