

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90236 007 ****61.25

DOCUMENT # N93000005565

1. Entity Name
PHIL-AM GRACE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business
**4624 HOLLYWOOD BLVD.
SUITE 205
HOLLYWOOD, FL 33021 US**

Mailing Address
**4624 HOLLYWOOD BLVD.
SUITE 205
HOLLYWOOD, FL 33021 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0456700

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUEDA, EDWIN
4348 SW 134TH AVE
HOLLYWOOD, FL 33027**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BORROMEO, ROQUE**
STREET ADDRESS **2199 NW 185TH WAY**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE **T** ☐ Change ☒ Addition
NAME **Evelyn Reyes**
STREET ADDRESS **800 SW 191st Terrace**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **S** ☒ Delete
NAME **FIRMEZA, JESSICA**
STREET ADDRESS **20111 NW 58TH AVE.**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **D** ☐ Change ☒ Addition
NAME **Danny Abuan**
STREET ADDRESS **2035 SW 166th Avenue**
CITY-ST-ZIP **Miramar, FL 33027**

TITLE **D** ☐ Delete
NAME **PUEDA, EDWIN**
STREET ADDRESS **1785 SW 84TH TERRACE**
CITY-ST-ZIP **MIRAMAR, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Orlando FACun**
STREET ADDRESS **6831 Forrest Street**
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **T** ☐ Delete
NAME **CABUG, NELIA**
STREET ADDRESS **11190 NW 34TH CT**
CITY-ST-ZIP **POMPANO BEACH, FL 33065**

TITLE **S** ☒ Change ☐ Addition
NAME **Cabug, Nelia**
STREET ADDRESS **5005 Mallards Place**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **D** ☒ Delete
NAME **TRAYA, ERIC**
STREET ADDRESS **1901 NW 190TH AVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **JIMENEZ, JOSEPH Y.**
STREET ADDRESS **4633 SW 28TH WAT**
CITY-ST-ZIP **FORT LAUDERDALE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edwin Puela

2/20/06

305-829-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #