

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N93000005565</b>                             |  |
| 1. Entity Name<br>PHIL-AM GRACE CHRISTIAN FELLOWSHIP, INC. |                                                                                   |

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>4624 HOLLYWOOD BLVD.<br>SUITE 205<br>HOLLYWOOD, FL 33021 US | Mailing Address<br>4624 HOLLYWOOD BLVD.<br>SUITE 205<br>HOLLYWOOD, FL 33021 US |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



02202006 Chg-NP CR2E037 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0456700                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                          |  |
|----------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent          |  |
| PUEDA, EDWIN<br>4348 SW 134TH AVE<br>HOLLYWOOD, FL 33027 |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| 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.

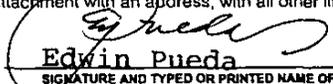
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                 |                                                                                                                     |                                                   |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | Make check payable to Florida Department of State |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D BORROMEO, ROQUE <input type="checkbox"/> Delete<br>2199 NW 185TH WAY<br>PEMBROKE PINES, FL 33029     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S FIRMEZA, JESSICA <input checked="" type="checkbox"/> Delete<br>20111 NW 58TH AVE.<br>MIAMI, FL 33015 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D PUEDA, EDWIN <input type="checkbox"/> Delete<br>1785 SW 84TH TERRACE<br>MIRAMAR, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T CABUG, NELIA <input type="checkbox"/> Delete<br>11190 NW 34TH CT<br>POMPANO BEACH, FL 33065          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D TRAYA, ERIC <input checked="" type="checkbox"/> Delete<br>1901 NW 190TH AVE<br>HOLLYWOOD, FL 33029   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P JIMENEZ, JOSEPH Y. <input type="checkbox"/> Delete<br>4633 SW 28TH WAT<br>FORT LAUDERDALE, FL        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                 |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T Evelyn Reyes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>800 SW 191st Terrace<br>Pembroke Pines, FL 33029 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D Danny Abuan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2035 SW 166th Avenue<br>Miramar, FL 33027         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D Orlando Facun <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6831 Forrest Street<br>Hollywood, FL 33024      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S Cabug, Nelia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5005 Mallards Place<br>Coconut Creek, FL 33073   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |

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 Pueda** 2/20/06 305-829-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #