

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005441

Entity Name: GRACE OF GOD, CORP.**Current Principal Place of Business:**7993 BREEZE DR
NORTH FORT MYERS, FL 33917**Current Mailing Address:**7993 BREEZE DR
NORTH FORT MYERS, FL 33917**FEI Number:** 30-0786433**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MLAA MULTI-SERVICES, INC
705 PONDELLA ROAD
SUITE I
NORTH FORT MYERS, FL 33903 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BAYON, EVELYN
Address	7993 BREEZE DR
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP
Name	PAGAN-CRESPO, DIANA
Address	95 HARDING AVENUE
City-State-Zip:	DOVER NJ 07801

Title	OTHER
Name	VARGAS, GRISELDA
Address	60 DAWSON AVENUE
City-State-Zip:	CLIFTON NJ 07012

Title	ASST. TREASURER
Name	SANTANA, MELISA
Address	1817 NW 7TH AVENUE
City-State-Zip:	CAPE CORAL FL 33993

Title	DIRECTOR
Name	FERNANDEZ, MAE
Address	1781 FOUR MILE COVE PARKWAY APT 133
City-State-Zip:	CAPE CORAL FL 33990

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: MAE FERNANDEZ**DIRECTOR****02/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date