

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002664

**Entity Name:** HOUSE OF GRACE AND RESTORATION INC.

**Current Principal Place of Business:**

16770 NE 5TH AVE.  
NORTH MIAMI BEACH , FL 33162

**Current Mailing Address:**

16770 NE 5TH AVE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 47-3466917

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MYCLIS, ELIZABETH R  
16770 NE 5TH AVE.  
NORTH MIAMI BEACH, FL 33162 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 MYCLIS, ELIZABETH R  
Address 16770 NE 5TH AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title V  
Name SCOTT, RAYMOND  
Address 18178 NE 19TH AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title T  
Name BINETT, EDNA  
Address 13915 SW 90TH AVE APT B212  
City-State-Zip: MIAMI FL 33176

Title S  
Name CONGOTE, VALARIE  
Address 2900 SE 17 AVE APT 102  
City-State-Zip: HOMESTEAD FL 33035

*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:** ELIZABETH MYCLIS

**PRESIDENT**

**04/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date