

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006465

Entity Name: HOUSE OF GRACE, INC.

Current Principal Place of Business:

4898 STONE ACRES CIRCLE
SAINT CLOUD, FL 32853

Current Mailing Address:

4898 STONE ACRES CIRCLE
SAINT CLOUD, FL 32853 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLDOUT2CHRIST INC.
7635 ASHLEY PARK COURT, SUITE503
ORLANDO, FL 32835 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 | PCEO | Title | D |
| Name | CURRY, TRINA | Name | SLEDGE, MARGARET |
| Address | P.O. BOX 536872 | Address | 2230 OKADA CT. |
| City-State-Zip: | ORLANDO FL 32853 | City-State-Zip: | ORLANDO FL 32818 |
| | | | |
| Title | D | | |
| Name | SLEDGE, JOSH | | |
| Address | 2230 OKADA CT. | | |
| City-State-Zip: | ORLANDO FL 32818 | | |

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: TRINA CURRY

PRESIDENT

08/28/2017

Electronic Signature of Signing Officer/Director Detail

Date