

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003896

FILED  
Aug 10, 2007  
Secretary of State

**Entity Name:** GRACE HOUSE PREGNANCY RESOURCE CENTER, INC.

**Current Principal Place of Business:**

300 N WOODLAND BLVD  
STE A  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

300 N WOODLAND BLVD  
STE A  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-3668069      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAMS, JENNIFER  
789 TORCH WOOD  
DELAND, FL 32724      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      (X) Delete  
Name: POTTER, LAURIE  
Address: 3607 WADSWORTH DR.  
City-St-Zip: MARYVILLE, TN 37801

Title: D      ( ) Delete  
Name: PROCTOR, MARILYN  
Address: 1985 YORKSHORE DR.  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: WILLIAMS, JENNIFER  
Address: 789 TORCHWOOD DR.  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PROCTOR, MARILYN  
Address: 1035 S. MASSACHUSETTS  
City-St-Zip: DELAND, FL 32724

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARILYN PROCTOR

MS.

08/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date