

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003896

FILED
Feb 04, 2008
Secretary of State

Entity Name: GRACE HOUSE PREGNANCY RESOURCE CENTER, INC.

Current Principal Place of Business:

306 EAST CHURCH DR.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

306 EAST CHURCH DR.
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3668069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JENNIFER
789 TORCH WOOD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

PROCTOR-SMOK, MARILYN
1035 S. MASSACHUSETTS
DELAND, FL 32724 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: MARILYN PROCTOR-SMOAK

02/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PROCTOR, MARILYN
Address: 1035 S. MASSACHUSETTS
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: D (X) Change () Addition
Name: PROCTOR-SMOAK, 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-SMOAK

MS.

02/04/2008

Electronic Signature of Signing Officer or Director

Date