2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2006 8:00 am
Secretary of State
04-27-2006 90149 028 ****70.00

DOCUMENT # N01000002496

1. Entity Name

RESTORING GRACE COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
1122 NW 9TH AVE FORT LAUDERDALE FL 33311	1122 NW 9TH AVE FORT LAUDERDALE FL 33311

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-1104373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SYMONETTE, JEROME DR~~ ~~1345 1191 COVE LAKE ROAD~~ ~~NORTH LAUDERDALE FL 33068~~ P.O Box 935042 Margate, FL 37093	Name DR. Jerome SYMONETTE Street Address (P.O. Box Number is Not Acceptable) ~~P.O Box 935042~~ 1141 NW 8th Ave Fort Lauderdale, FL 33311 City ~~Margate FL~~ FL Zip Code ~~33093~~

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jerome Symonette 4-17-06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SYMONETTE, JEROME DR 2301 NW 55 WAY FORT LAUDERDALE FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. Jerome Symonette 1141 N.W. 8th Ave Ft. Laud, FL 33311	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, GLORY 240 GEORGIA AVENUE FORT LAUDERDALE FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, BILL M 1515 NW 12TH STREET FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICCARD, AUGUSTE 842 BANKS ROAD COCONUT CREEK FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, JOHN 4844 NW 24TH COURT # 237 LAUDERDALE LAKES FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerome Symonette 4-17-06 (954) 763-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #