2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2008 08:00 A Secretary of State DOCUMENT # N01000002496 1. Entity Name RESTORING GRACE COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 1122 NW 9TH AVE 1122 NW 9TH AVE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suife, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FELNumber 65-1104373 Not Applicable $Z_{i}p$ Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SYMONETTE, JEROME DR Street Address (P.O. Box Number is Not Acceptable) 1141 NW 8TH AVE FORT LAUDERDALE FL 33311 City Zip Code 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 . Signature, typed or printed name of registered agent and theid applicable. (NOTE: Riggistered Agent signature regioned when rounstating) tra chataly a rp g c a-ch Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State <u> Jereil</u> tilikkidi OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change no:tibhA 🗍 ☐ Delate TITLE SYMONETTE, JEROME DR NAME NAME 300000389422 22/08-80054-003 70.00 1141 NW 8TH AVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY - ST - ZiP Delete Change Addition TITLE TITLE WILSON, BILL M NAME NAME 1515 NW 12TH STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP ☐ Deloto Change Addition TITLE RICCARD, AUGUSTE NAME 842 BANKS ROAD STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33063 CITY-ST-ZIP CITY-ST-ZIP Addition HILL Delete HILE POWELL, JOHN NAME NAME 4844 NW 24TH COURT # 237 STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33313 CITY - ST- ZIP CITY-ST-ZIP ☐ Delete 1171 F Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receives for trustee empowered to procule 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: Mome pay

4-6-08 (954)763-7780