

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004696

FILED
May 22, 2008
Secretary of State

Entity Name: HOUSE OF GRACE OF BAY COUNTY, INC.

Current Principal Place of Business:

11636 36 SW 37TH DRIVE
LOT #46
WORTHINGTON SPRING, FL 32697

New Principal Place of Business:

901 NORTH HAMLIN STREET
LOT #3
BONIFAY, FL 32425

Current Mailing Address:

11636 36 SW 37TH DRIVE
LOT #46
WORTHINGTON SPRING, FL 32697

New Mailing Address:

P. O. BOX 883
BONIFAY, FL 32425

FEI Number: 52-2394027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SMITH, ROBERT
11636 S.W 37TH DRIVE
LOT #46
WORTHINGTON SPRINGS, FL 32697 US

Name and Address of New Registered Agent:

SMITH, ROBERT
901 NORTH HAMLIN STREET
LOT #3
BONIFAY, FL 32425 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: ROBERT SMITH

05/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ROBERT
Address: P.O.BOX 311
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: T () Delete
Name: SMITH, BETTY R
Address: P.O.BOX 311
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: S () Delete
Name: THOMAS, PERCY JR.
Address: 1107 ALABAMA AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, ROBERT
Address: P.O.BOX 883
City-St-Zip: BONIFAY, FL 32425

Title: T (X) Change () Addition
Name: DISPENZA, JANICE M
Address: 3633 COLEMAN WORLEY LANE
City-St-Zip: GRACEVILLE, FL 32440

Title: S (X) Change () Addition
Name: SPINA, AIDA
Address: 4333 DOUGLAS FERRY ROAD
City-St-Zip: CARYVILLE, FL 32427

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: ROBERT SMITH

D

05/22/2008

Electronic Signature of Signing Officer or Director

Date