

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004696

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

901 NORTH HAMLIN STREET
LOT #3
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 883
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 52-2394027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ROBERT
901 NORTH HAMLIN STREET
LOT #3
BONIFAY, FL 32425 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 () Delete
Name: SMITH, ROBERT
Address: P.O.BOX 883
City-St-Zip: BONIFAY, FL 32425

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT SMITH

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date