2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004696

FILED Mar 07, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

901 NORTH HAMLIN STREET 701 EAST HWY 90 LOT #3 LOT #11

BONIFAY, FL 32425 BONIFAY, FL 32425

Current Mailing Address: 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)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

SMITH, ROBERT
1015 SOUTH WEEKS ST.
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: 03/07/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: SMITH, ROBERT Address: P.O.BOX 883 City-St-Zip: BONIFAY, FL 32425

Title: T

Name: HAITHCOAT, FRAN

Address: 2800 UNION HILL CHURCH ROAD

City-St-Zip: BONIFAY, FL 32425

Title: S

Name: SPINA, AIDA Address: 1373 LINE ROAD

City-St-Zip: PONCE DELEON, FL 32455

Title: 5

Name: METHENEY, ELIZABETH Address: 501 W. MICHIGAN AVE City-St-Zip: BONIFAY, FL 32425

Title: S

 Name:
 TATE, RAINA

 Address:
 272 TRI-COUNTY RD

 City-St-Zip:
 GRACEVILLE, FL 32440

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SMITH D 03/07/2010