

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004696

FILED  
Mar 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

701 EAST HWY 90  
LOT #11  
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  
1015 SOUTH WEEKS ST.  
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  
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: S  
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

DIR

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date