2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N03000000208

Entity Name: GRACE OF GOD BY FAITH IN CHRIST INC. (EGLISE LA GRACE DE DIEU PAR LA FOI, EN CHRIST)

Current Principal Place of Business:

1315 NW 112TH TERRACE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1315 NW 112TH TERRACE
MIAMI, FL 33168

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORDON, RON ESQ.
335 N.W. 54TH ST.
MIAMI, FL 33127 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:	P	( ) Delete
Name:	LAPAIX, HERMAN	
Address:	1315 NW 112TH TERRACE	
City-St-Zip:	MIAMI, FL 33167	
Title:	VP	( ) Delete
Name:	LAPAIX, ALENE	
Address:	1315 N.W. 112TH TERR.	
City-St-Zip:	MIAMI, FL 33167	
Title:	S	( ) Delete
Name:	LAPAIX, NEWSOUL	
Address:	1315 NW 112TH TERRACE	
City-St-Zip:	MIAMI, FL 33167	
Title:	CP	( ) Delete
Name:	PAUL, JEANETTE	
Address:	266 N.W. 92ND TERR.	
City-St-Zip:	MIAMI SHORES, FL 33150	
Title:	CS	(X) Delete
Name:	NELSON, JUSTIN	
Address:	10801 NW 11TH AVENUE	
City-St-Zip:	MIAMI, FL 33168	
Title:	ADM	(X) Delete
Name:	CETOUTE, DESIMEME	
Address:	300 NW 182 TERRACE	
City-St-Zip:	MIAMI, FL 33150	

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:		
Title:	T	(X) Change ( ) Addition
Name:	SALOMON, ALMANAISE	
Address:	12025 NW 17 AVE	
City-St-Zip:	MIAMI, FL 33167	
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 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: ALENE LAPAIX D 03/28/2007

Electronic Signature of Signing Officer or Director — Date