

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004050

FILED
Jan 13, 2009
Secretary of State

Entity Name: THE CHURCH OF ABOUNDING GRACE, INC.

Current Principal Place of Business:

9626 PINES BOULEVARD
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9626 PINES BOULEVARD
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 90-0083638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADIN, REGGIE
6110 SW 195 AVENUE
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

SIDO, ALBERT
9626 PINES BLVD
PEMBROKE PINES, FL 33024 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: ALBERT SIDO

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PADIN, REGGIE
Address: 6110 SW 195 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: VP () Delete
Name: PADIN, RAMON
Address: 3112 WEST 100 STREET
City-St-Zip: CLEVELAND, OH 44111 US

Title: STD () Delete
Name: PADIN, CARMEN
Address: 6110 SW 195 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIDO, ALBERT
Address: 9626 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP (X) Change () Addition
Name: SIDO, FIDELINA
Address: 9626 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: STD (X) Change () Addition
Name: CHIN, MAYLEEN
Address: 9626 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: TRE () Change (X) Addition
Name: AVALOS, JOSE
Address: 9626 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

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: ALBERT SIDO

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date