2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000004050

FILED Nov 20, 2009 Secretary of State

Entity Name: THE CHURCH OF ABOUNDING GRACE, INC.

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

9626 PINES BOULEVARD 3884 E HIBISCUS ST PEMBROKE PINES, FL 33024 US WESTON, FL 33332 US

Current Mailing Address: New Mailing Address:

P O BOX 190595 9626 PINES BOULEVARD

US PEMBROKE PINES, FL 33024 US LAUDERHILL, FL 33019

FEI Number: 90-0083638 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:

SIDO, ALBERT PALMISANO, DEBORAH 9626 PINES BLVD 3884 E HIBISCUS ST PEMBROKE PINES, FL 33024 US US WESTON, FL 33332

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: DEBORAH PALMISANO 11/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SIDO, ALBERT PALMISANO, TONY Name: Name: 9626 PINES BLVD Address: 3884 E HIBISCUS ST Address: PEMBROKE PINES, FL 33024 US WESTON, FL 33332 US

City-St-Zip: City-St-Zip:

(X) Change () Addition Title: Title: () Delete SIDO, FIDELINA Name: DEGIOVANNI, MICHAEL Name:

Address: 9626 PINES BLVD Address: 13786 NW 21 STREET City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: STD () Delete Title: STD (X) Change () Addition CHIN, MAYLEEN PALMISANO, DEBORAH Name: Name:

9626 PINES BLVD 3884 E HIBISCUS ST Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: WESTON, FL 33332 US

Title: TRE () Delete Title: (X) Change () Addition

AVALOS, JOSÉ Name: Name: KREVATAS, DR. NICHOLAS

Address: 9626 PINES BLVD Address: 3513 ARTHUR ST City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: HOLLYWOOD, FL 33021

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: DEBORAH PALMISANO STD 11/20/2009