2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007296

FILED Feb 19, 2009 Secretary of State

Entity Name: INTERNATIONAL CHURCH OF THE GRACE OF GOD, INC.

Current Principal Place of Business:			New Principal Place of Bus	New Principal Place of Business:	
_	DERAL HWY				
6 POMPANO	D BEACH, FL	33064			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4301 N FEDERAL HWY			1261 E SAMPLE RD		
6 POMPANO	D BEACH, FL	33064	POMPANO BEACH, FL 3306	64	
FEI Number:	: 73-4264590	FEI Number Applied For ()	FEI Number Not Applicable () Cer	tificate of Status Desired()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of New	Registered Agent:	
446 W HIL	PITAL SERVIC LSBORO BLVI LD BEACH, FL		TAX HOUSE CORPORATION 1100 S FEDERAL HWY DEERFIELD BEACH, FL 334		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered office	or registered agent, or both,	
SIGNATURE: BRENO R GOMES				02/19/2009	
	Electron	ic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () SOARES, R.R. 4301 N FEDER POMPANO BEA		Title: () Char Name: Address: City-St-Zip:	nge () Addition	
Title: Name: Address: City-St-Zip:	SD () HOOD, L. LYNN 4301 N FEDER POMPANO BEA	AL HWY 6	Title: () Char Name: Address: City-St-Zip:	nge () Addition	
Title: Name: Address: City-St-Zip:	TD () SOARES, DAVI 4301 N FEDER POMPANO BEA	AL HWY 6	Title: () Char Name: Address: City-St-Zip:	nge () Addition	
Oity Ot Zip.	1 01011 7 11 10 0 127	CH, FL 33064	City-St-Zip.		

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: GLAUBER A MORARE VPD 02/19/2009