

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011113

FILED
Apr 27, 2004
Secretary of State**Entity Name:** A TOUCH OF HIS GRACE, INC.**Current Principal Place of Business:**8450 HWY. 97
WALNUT HILL, FL 32568**New Principal Place of Business:****Current Mailing Address:**8450 HWY. 97
WALNUT HILL, FL 32568**New Mailing Address:**835 CANDY LANE
CANTONMENT, FL 35233**FEI Number:** 90-0132148**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONTGOMERY, TINA G
835 CANDY LANE
CANTONMENT, FL 32533 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:** DPS () Delete
Name: MONTGOMERY, TINA G
Address: 835 CANDY LANE
City-St-Zip: CANTONMENT, FL 32533**Title:** DV () Delete
Name: HARE, BETTY
Address: 6350 ARTHUR BROWN RD.
City-St-Zip: WALNUT HILL, FL 32568**Title:** DT () Delete
Name: LEHMANN, RITA
Address: 402 S. TRAMMELL ST.
City-St-Zip: ATMORE, AL 36502**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINA G. MONTGOMERY

DPS

04/27/2004

Electronic Signature of Signing Officer or Director_____
Date