

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011113

FILED  
Apr 29, 2005  
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:

10280 N. PALAFOX ST.  
PENSACOLA, FL 32534

## Current Mailing Address:

835 CANDY LANE  
CANTONMENT, FL 35233

## New Mailing Address:

10280 N. PALAFOX ST.  
PENSACOLA, FL 32534

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: DV (X) Change ( ) Addition  
Name: DANLEY, DONNA  
Address: 2112 POMPANO RD.  
City-St-Zip: CANTONMENT, FL 32533

Title: DT (X) Change ( ) Addition  
Name: SPANN, JOANN  
Address: 3621 SCHIFKO RD.  
City-St-Zip: CANTONMENT, FL 32533

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 MONTGOMERY

DPS

04/29/2005

Electronic Signature of Signing Officer or Director

Date