

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005377

FILED
Mar 21, 2006
Secretary of State

Entity Name: AMAZING GRACE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1035 NW 155 TERRACE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1035 NW 155 TERRACE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 02-0723589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUVEDA GROUP INC
7947 JOHNSON STREET
SUITE A
PEMBROKE PINES, FL 33024 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: DIR () Delete
Name: STAUB, YVETTE
Address: 1035 NW 155 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DIR () Delete
Name: STAUB, MICHAEL A
Address: 1035 NW 155 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DIR () Delete
Name: SMITH, DAISYLEE E
Address: 13550 SW 6 COURT, A316
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DIR () Delete
Name: HEDRINGTON, CLARENCE
Address: 301 S. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33460

Title: DIR () Delete
Name: MARRETT, DIANNE
Address: 1120 SW 96 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DIR () Delete
Name: HANKERSON, DAVA S
Address: 1035 NW 155 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

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:

Title: () Change () Addition
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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 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: YVETTE STAUB

DIR

03/21/2006

Electronic Signature of Signing Officer or Director

Date