2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000005377

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:

P.O. BOX 821252
SOUTH FLORIDA, FL 33082

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:	SEC	( ) Delete
Name:	HANKERSON, DANIELLE	
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 DR.	
Address:	156 HIGH COLONY LANE	
City-St-Zip:	THOMASVILLE, GA 31792	
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
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 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 04/14/2009

Electronic Signature of Signing Officer or Director — Date