2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N05000001176

Entity Name: GRACE CONNECTIONS, INC.

Current Principal Place of Business:

20353 SE 55TH STREET
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

20353 SE 55TH STREET
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 83-0423576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, LINDA
20353 SE 55TH STREET
MORRISTON, FL 32668 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: PT ( ) Delete
Name: JONES, LINDA J
Address: 20353 SE 55TH STREET
City-St-Zip: MORRISTON, FL 32668

Title: VP ( ) Delete
Name: JONES, WILLIAM R
Address: 20353 SE 55TH STREET
City-St-Zip: MORRISTON, FL 32668

Title: D (X) Delete
Name: LUPARDUS, NIKKIS S
Address: PO BOX 3467
City-St-Zip: WICHITA FALLS, TX 76301

Title: D ( ) Delete
Name: DEEN, CYNTHIA
Address: 2836 S.E. 25TH TERR.
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: BROWN, ALYSON
Address: 707 N.E. 46TH CT.
City-St-Zip: OCALA, FL 34470

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:

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: LINDA JONES P 04/30/2007

Electronic Signature of Signing Officer or Director — Date