2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001655

Entity Name: HELPING OF GRACE, INC.

FILED Feb 06, 2007 Secretary of State

5002 18TH ST E 9303 BAYSHORE ROAD

BRADENTON, FL 34203 LOT G12 PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

5002 18TH ST E P O BOX 416 BRADENTON, FL 34203 P O BOX 4264

FEI Number: 20-2452118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRUCE, WILLIAM T
5002 18TH ST E

BRADENTON, FL 34203 US

BRADENTON, FL 34203 US

BRADENTON, FL 34203 US

BRADENTON, FL 34203 US

PALMETTO, FL 34221 US

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: WILLIAM T BRUCE 02/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TPT () Delete Title: TPT (X) Change () Addition
Name: BRUCE, WILLIAM T Name: BRUCE, WILLIAM T

 Name:
 BRUCE, WILLIAM T
 Name:
 BRUCE, WILLIAM T

 Address:
 5002 18TH ST E
 Address:
 9303 BAYSHORE RD, LOT G12

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:
 PALMETTO, FL 34221

Title: TS () Delete Title: () Change () Addition

 Name:
 FOSTER, JULIAN G
 Name:

 Address:
 5919 RIVER FOREST CIR
 Address:

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 MASCHINO, LAWRENCE E
 Name:

 Address:
 4717 12TH ST CT E #241
 Address:

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 HEASLEY, SEAN
 Name:

 Address:
 1207 66TH ST NW
 Address:

 City-St-Zip:
 BRADENTON, FL 34209
 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: WILLIAM T. BRUCE P 02/06/2007