

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003587

FILED
Jul 05, 2007
Secretary of State

Entity Name: EMBRACED BY GRACE, INC.

Current Principal Place of Business:

131 BUSINESS CENTER DRIVE, SUITE 2
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

131 BUSINESS CENTER DRIVE, SUITE 2
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-4633501 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:

FREY, JULIA L
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: PD () Delete
Name: PICERNE, ROBERT M CEO
Address: 31 FOXCROFT RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPST () Delete
Name: PICERNE, GWYN R
Address: 31 FOXCROFT RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: PICERNE, GWYN R
Address: 31 FOXCROFT RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: WOOTEN, PEPPER
Address: 512 SANDY OAKS BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: WOOTEN, DAVID
Address: 512 SANDY OAKS BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PICERNE, ROBERT M CEO
Address: 247 N WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPST (X) Change () Addition
Name: PICERNE, GWYN R
Address: 247 N WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: PICERNE, GWYN R
Address: 247 N WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PEPPER WOOTEN

D

07/05/2007

Electronic Signature of Signing Officer or Director

Date