

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005019

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: HOUSE OF GRACE FELLOWSHIP, INC.

## Current Principal Place of Business:

12105 NE 6TH AVENUE  
APT 203  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

12105 NE 6TH AVENUE  
APT 203  
NORTH MIAMI, FL 33161

## New Mailing Address:

FEI Number: 20-4829963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THURSTON LAW FIRM PA  
6625 MIAMI LAKES DRIVE  
SUITE 332  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

HENRY, DORRETT P  
12105 NE 6TH AVENUE  
APT. 203  
NORTH MIAMI, FL 33161 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: DORRETT HENRY

04/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HENRY, DORRETT  
Address: 12105 NE 6TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: SMITH, LAWFORD  
Address: 14250 NORTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33168

Title: S ( ) Delete  
Name: THURSTON, LERONE  
Address: 6625 MIAMI LAKES DRIVE, SUITE 332  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: IMONG, SAMUEL  
Address: 9000 REGENCY SQUARE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition  
Name: CLAHAR, RANSFORD  
Address: 1045 NORTHEAST 171 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: DORRETT HENRY

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date