2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N06000005019

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:

HENRY, DORRETT P
12105 NE 6TH AVENUE
APT. 203
NORTH MIAMI, FL 33161 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: 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: D ( ) Delete
Name: IMONG, SAMUEL
Address: 9000 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

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

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:

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: DORRETT HENRY P 04/21/2008

Electronic Signature of Signing Officer or Director — Date