2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# N06000006543

Entity Name: DIVINE GRACE FOUNDATION, INC.

Current Principal Place of Business:

1736 NE APT. A 8TH STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

PO BOX 901048
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 20-5100350 **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:

CHARLES, WILLIO
1736 NE 8TH STREET
APT. A
HOMESTEAD, FL 33033 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: CD ( ) Delete
Name: LAPOINTE, SIMON
Address: 12076 BLACK HEAT
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: JOSEPH, FRANKLIN
Address: 135 REDLAND RD
City-St-Zip: FLORIDA, CITY, FL 33034

Title: TD ( ) Delete
Name: CHARLES, VERELUS
Address: 772 NW 11TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: MARC, ROCHENEL
Address: 11100 SW 197TH STREET, APT. 6109
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: OLMANN, JEAN
Address: 17381 SW 302 STREET
City-St-Zip: HOMESTEAD, FL 33030

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: WILLIO CHARLES CEO 05/30/2009
Electronic Signature of Signing Officer or Director — Date