2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N07000002725

Entity Name: HIS GRACE AND MERCY BOUTIQUE & THRIFT SHOP, INC.

Current Principal Place of Business:

1629 ROBLE LANE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1629 ROBLE LANE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 01-0884645 **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:

FORT, MINNIE
1629 ROBLE LANE
DELTONA, FL 32738 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: C ( ) Delete
Name: BASS, RHONDA
Address: 479 GREENSPRINGS CIR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V ( ) Delete
Name: BRYANT, TIFFANY
Address: 714 OLD ENGLISH LOOP
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: FORT, NATALIE
Address: 2555 OTIS AVE.
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete
Name: JOHNSON, NATASHA
Address: 1995 1ST DR.
City-St-Zip: SANFORD, FL 32771

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: MINNIE FORT PRES 05/01/2008
Electronic Signature of Signing Officer or Director — Date