2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90005 045 ****61.25

DOCUMENT # N07000010239

1. Entity Name
HOUSE OF GRACE MATERNITY HOME, INC.

Principal Place of Business	Mailing Address
745 GRACE AVENUE PANAMA CITY FL 32401	POST OFFICE BOX 27 PANAMA CITY FL 32402

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3210 Florida Ave.	P.O. Box 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Florida	City & State: Panama City, Florida
Zip: 32405 Country: USA	Zip: 32402 Country: USA

2nd MOORE CR2E037 (4/08)

4. FEI Number: 26-1112976 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNETZER, LAURA W 805 WEST 2ND STREET LYNN HAVEN FL 32444	Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Same
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 3, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: BLAKE, BOB STREET ADDRESS: 745 GRACE AVENUE CITY-ST-ZIP: PANAMA CITY FL 32401	☑ Delete	TITLE: D NAME: Bob Hayes STREET ADDRESS: 745 Grace Ave. CITY-ST-ZIP: Panama City, Fla. 32401	☐ Change ☑ Addition
TITLE: D NAME: LUTHER, NANCY STREET ADDRESS: 745 GRACE AVENUE CITY-ST-ZIP: PANAMA CITY FL 32401	☐ Delete	TITLE: T D NAME: Rod Webb STREET ADDRESS: 745 Grace Ave. CITY-ST-ZIP: Panama City, Fl. 32401	☐ Change ☑ Addition
TITLE: D NAME: HARRIS, GLENDA STREET ADDRESS: 745 GRACE AVENUE CITY-ST-ZIP: PANAMA CITY FL 32401	☐ Delete	TITLE: D NAME: Denise Miller STREET ADDRESS: 745 Grace Ave. CITY-ST-ZIP: Panama City, Fl. 32401	☐ Change ☑ Addition
TITLE: D NAME: FRENCH, NITA STREET ADDRESS: 745 GRACE AVENUE CITY-ST-ZIP: PANAMA CITY FL 32401	☐ Delete	TITLE: M Executive Director of Maternity Home NAME: Laura Knetzer STREET ADDRESS: 745 Grace Ave. CITY-ST-ZIP: Panama City, Fl. 32401	☐ Change ☑ Addition
TITLE: D NAME: HANEY, TED STREET ADDRESS: 745 GRACE AVENUE CITY-ST-ZIP: PANAMA CITY FL 32401	☑ Delete	TITLE: C Chairman of Board of Directors NAME: Dana Hagaman STREET ADDRESS: 745 Grace Ave. CITY-ST-ZIP: Panama City, Fl. 32401	☐ Change ☑ Addition
TITLE: D NAME: BEALOR, ELIZABETH STREET ADDRESS: 745 GRACE AVENUE CITY-ST-ZIP: PANAMA CITY FL 32401	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/21/08 850-763-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #