2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N46700

1. Entity Name

THE HOUR OF GRACE AND POWER, INC.

Principal Place of Business	Mailing Address
862 BARBER ST. SEBASTIAN FL 32958 US	862 BARBER ST. SEBASTIAN FL 32958 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applic.

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

6. Name and Address of Current Registered Agent

PORTER, DWIGHT
862 BARBER ST.
SABASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

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 ac the obligations of registered agent.

SIGNATURE Rev Dwight Porter

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 May 1, 2006

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	V	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	PIERSON, DONALD		NAME	U00000418047
STREET ADDRESS	4575 S ATLANTIC AVE		STREET ADDRESS	02/13/06-80081-004 61.25
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	PORTER, MARIAN		NAME	
STREET ADDRESS	862 BARBER ST.		STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	PORTER, DWIGHT REV.		NAME	
STREET ADDRESS	862 BARBER ST.		STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	PIERSON, GINNY		NAME	
STREET ADDRESS	4575 S ATLANTIC AVE		STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	SCHLEDORN, GENE		NAME	
STREET ADDRESS	385 YUMA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	SCHLEDORN, JOYCE		NAME	
STREET ADDRESS	385 YUMA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.