2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90073 030 ****61.25

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 (10/06)

2. Principal Place of Business - No P.O. Box #	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 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
PORTER, DWIGHT 862 BARBER ST. SABASTIAN FL 32958	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 accept the obligations of registered agent.

SIGNATURE _____
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, 2007

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 / NAME / STREET ADDRESS / CITY ST ZIP	V PIERSON, DONALD 4575 S ATLANTIC AVE PONCE INLET FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ECCLESTON, MICHAEL 5992 WINDOVER WAY TITUSVILLE FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST PORTER, MARIAN 862 BARBER ST. SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ECCLESTON, LINDA SAME	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P PORTER, DWIGHT REV. 862 BARBER ST. SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PIERSON, GINNY 4575 S ATLANTIC AVE PONCE INLET FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SCHLEDORN, GENE 385 YUMA DRIVE SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SCHLEDORN, JOYCE 385 YUMA DRIVE SATELLITE BEACH FL 32937	☐ 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 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.

SIGNATURE: Dwight Porter DWIGHT PORTER 1-18-07 772-589-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #