

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46700

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE HOUR OF GRACE AND POWER, INC.

Current Principal Place of Business:

862 BARBER ST.
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

862 BARBER ST.
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PORTER, DWIGHT
862 BARBER ST.
SEBASTIAN, FL 32958 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: V () Delete
Name: ECCLESTON, MICHAEL
Address: 5992 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: ST () Delete
Name: ECCLESTON, LINDA
Address: 5992 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: P () Delete
Name: PORTER, DWIGHT REV.
Address: 862 BARBER ST.
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: SCHLEDORN, GENE
Address: 385 YUMA DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: SCHLEDORN, JOYCE
Address: 385 YUMA DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: MICHAEL ECCLESTON

V

04/25/2009

Electronic Signature of Signing Officer or Director

Date