

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005565

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** PHIL-AM GRACE CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

4624 HOLLYWOOD BLVD.  
SUITE 205  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4624 HOLLYWOOD BLVD.  
SUITE 205  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 65-0456700      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PUEDA, EDWIN  
4348 SW 134TH AVE  
MIRAMAR, FL 33027 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: T ( ) Delete  
Name: REYES, EVELYN  
Address: 800 SW 191ST TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: ABUAN, DANNY  
Address: 2035 SW 166TH AVE  
City-St-Zip: HOLLYWOOD, FL 33027

Title: D ( ) Delete  
Name: FACUN, ORLANDO  
Address: 6831 FORREST ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: S ( ) Delete  
Name: CABUG, NELIA  
Address: 5005 MALLARDS PL  
City-St-Zip: POMPANO BEACH, FL 33073

Title: D ( ) Delete  
Name: PUEDA, EDWIN  
Address: 4348 SW 134TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: P ( ) Delete  
Name: JIMENEZ, JOSEPH Y.  
Address: 4633 SW 28TH WAT  
City-St-Zip: FORT LAUDERDALE, FL

**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:

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: EDWIN PUEDA

D

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date