

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra E. [redacted] Nam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # N96000005817 (9)

1. Corporation Name

HOLY GRACE CHURCH OF GOD, INC.



Principal Place of Business

1282 NW 119TH STREET
MIAMI FL 33168

Mailing Address

759 NE 126 ST #1
MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 1282 NW 119 ST

2a. Mailing Address

26 759 NE 126 ST #1

4. FEI Number

65-0727733

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

27 33168

25 U.S.A

Zip

Country

29 33161

30 U.S.A

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELICE, FELIX

759 NE 126TH STREET APT 1

MIAMI FL 33161

81 Name

Same as # 9

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Felix Delice
Signature, typed or printed name of registered agent and title if applicable

FELIX DELICE - PRES/D.
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT - D ☐ DELETE

NAME FELIX DELICE
STREET ADDRESS 759 NE 126 ST #1
CITY-ST-ZIP MIAMI FL 33161

TITLE SECRETARY - D ☐ DELETE

NAME GISELE DELICE
STREET ADDRESS 759 NE 126 ST #1 MIAMI FL
CITY-ST-ZIP MIAMI FL 33161

TITLE TREASURER ☐ DELETE

NAME EUGENE DUBUISSO
STREET ADDRESS 70 NW 120TH MIAMI FL
CITY-ST-ZIP MIAMI FL 33161

TITLE VICE-PRESIDENT - D ☐ DELETE

NAME MANES PARIS
STREET ADDRESS 248 NE 110 ST - MIAMI FL
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002290895

-09/11/97--01103--016

***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE FELIX DELICE 9/10/97

CR2E037 (4/97)