2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005817

1. Entity Name
HOLY GRACE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
1288 N.W. 119TH ST MIAMI, FL 33168 US	1288 N.W. 119TH ST MIAMI, FL 33168 US

07222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0727733
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELICE, FELIX
1220 N.E. 145TH ST
MIAMI, FL 33161

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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: Felix Delice, FELIX DELICE, RD 07/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELICE, FELIX REV
STREET ADDRESS	1220 N.E. 145 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VPD
NAME	DELICE, GISELE
STREET ADDRESS	1220 N.E. 145 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	SD
NAME	MERISME, EMANUEL
STREET ADDRESS	40 N.W. 127 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	T
NAME	MERISME, EMANUEL
STREET ADDRESS	40 NW 127TH STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	VOLCY, RUTH
STREET ADDRESS	1220 N.E. 145TH STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/27/04-80003-001 75.00

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12. I 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 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: Felix Delice, PD - FELIX DELICE 07/22/04 (305)919-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #