


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 002 \*\*\*\*70.00

<b>DOCUMENT # N96000005817</b> 1. Entity Name HOLY GRACE CHURCH OF GOD, INC.																																																																																																																													
Principal Place of Business 1288 N.W. 119TH ST MIAMI, FL 33168 US			Mailing Address 1288 N.W. 119TH ST MIAMI, FL 33168 US																																																																																																																										
2. Principal Place of Business 1288 N.W. 119th STREER		3. Mailing Address 1220 N.E. 145th STREET																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>65-0727733</b>																																																																																																																									
Zip <b>33168</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent  <b>DELICE, FELIX</b> <b>1220 N.E. 145TH ST</b> <b>MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
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 <i>Felix Delice, PD</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Felix Delice</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4-16-05</b> <small>DATE</small>																																																																																																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																									
Make check payable to <b>Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DELICE, FELIX REV</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1220 N.E. 145 ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DELICE, GISELE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1220 N.E. 145 ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MERISME, EMANUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>40 N.W. 127 ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MERISME, EMANUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>40 NW 127TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VOLCY, RUTH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1220 N.E. 145TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	DELICE, FELIX REV		STREET ADDRESS	1220 N.E. 145 ST		CITY - ST - ZIP	MIAMI, FL 33161		TITLE	VPD	<input type="checkbox"/> Delete	NAME	DELICE, GISELE		STREET ADDRESS	1220 N.E. 145 ST		CITY - ST - ZIP	MIAMI, FL 33161		TITLE	SD	<input type="checkbox"/> Delete	NAME	MERISME, EMANUEL		STREET ADDRESS	40 N.W. 127 ST		CITY - ST - ZIP	MIAMI, FL 33161		TITLE	T	<input type="checkbox"/> Delete	NAME	MERISME, EMANUEL		STREET ADDRESS	40 NW 127TH STREET		CITY - ST - ZIP	MIAMI, FL 33161		TITLE	D	<input type="checkbox"/> Delete	NAME	VOLCY, RUTH		STREET ADDRESS	1220 N.E. 145TH STREET		CITY - ST - ZIP	MIAMI, FL 33161		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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.																																																																																																																													
<b>SIGNATURE: <i>Felix Delice - FELIX DELICE, PD</i></b> <b>4-16-05</b> <b>(305) 919-7725</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													