


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005817 1. Entity Name HOLY GRACE CHURCH OF GOD, INC.	
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Principal Place of Business 1288 N.W. 119TH ST MIAMI, FL 33168 US	Mailing Address 1220 NE 145TH STREET MIAMI, FL 33161 US
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04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0727733	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELICE, FELIX 1220 N.E. 145TH ST MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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 / PD DATE: 4-26-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELICE, FELIX REV 1220 N.E. 145 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DELICE, GISELE 1220 N.E. 145 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MERISME, EMANUEL 40 N.W. 127 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MERISME, EMANUEL 40 NW 127TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLCY, RUTH 1220 N.E. 145TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/06-80023-005 75.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DATE: 4/26/06 (305) 9197775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR