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## May 15, 2001 8:00 am Secretary of State DOCUMENT # N9900000326 1. Entity Name 05-15-2001 90025 020 \*\*\*\*61.25 BY GOD'S GRACE, INC. Principal Place of Business Mailing Address 2100 S RIDGEWOOD AVE P O BOX 214179 LINIT 22 S DAYTONA FL 32121-4179 S DAYTONA FL 32121-4179 2. Principal Place of Business 3. Mailing Address P.O. BOX 214179 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3551276 S. DAYTUNA Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3212 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY MICHAEL R. PRES Street Address (P.O. Box Number is Not Acceptable) 3030 QUEEN PALM DR. HENRY, MICHAEL R PRES 2100 S RIDGEWOOD AVE UNIT-22 S DAYTONA FL 32129 City EDGE WATER Zip Code 32141 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 fres. michael R. Henry Presred agent and title if applicable. FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to $\Box$ Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE X Change HENRY, MICHAEL R HENRY MICHAEL R NAME NAME PROBLEM 3030 QUEEN PALM DE. PO BOX 3011 STREET ADDRESS STREET ADDRESS 32-134 EDGEWATER 12.32141 CITY-ST-ZIP NEW SMYRNA BEACH FL 32170 CITY-ST-ZIP TITLE Delete TITLE Change Addition HENRY, WINDY C PO BOX 3011 HENRY WINDYC. NAME NAME 1500 BAY RD APT 1236 STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32170 CITY-ST-ZIP CITY-ST-ZIP MIAMI BUH. P. 33 139 TITI E TITLE ☐ Delete ☐ Change ☐ Addition HENRY, WILLIAM J NAME NAME 2921 YULE TREE DRIVE STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32141** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

P. B. New Michael R. Henry Porc 4-26-7001 and 4222364

**FILED**