NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 18 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N99000004231

1. Entity Name

GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC), INC

DO NOT WRITE IN THIS SPACE

200006592412--6
-07/23/02--01055--011
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11000 S.W. 216TH ST.	11000 S.W. 216TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GOULDS, FLORIDA	City & State: GOULDS, FLORIDA
Zip: 33170 Country: DADE	Zip: 33170 Country: DADE

4. FEI Number 31-1732774 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DURANT, WAYNE D. SR.

Street Address (P.O. Box Number is Not Acceptable): 15251 S.W. 177TH TER.

City: MIAMI. FL Zip Code: 33187

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.

SIGNATURE: Wayne D. DuRant JUNE 21, 2002.

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D/C	
NAME	COATS, PATRICK D	
STREET ADDRESS	12555 S.W. 219TH STREET	
CITY-ST-ZIP	MIAMI, FL. 33170	
TITLE	S	
NAME	DURANT, WAYNE D SR.	
STREET ADDRESS	15251 S.W. 177TH TER	
CITY-ST-ZIP	MIAMI, FL. 33187	
TITLE	T	
NAME	LINSAY, MELVIN	
STREET ADDRESS	11624 S.W. 102ND COURT	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	D	
NAME	COLLIER, SYLVESTER	
STREET ADDRESS	12001 S.W. 232ND STREET	
CITY-ST-ZIP	GOULDS, FLORIDA 33170	
TITLE	D	
NAME	ROBINSON, MARY	
STREET ADDRESS	21502 S.W. 113TH AVE	
CITY-ST-ZIP	GOULDS, FLORIDA 33170	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	200006592412--6
NAME	-07/23/02--01055--012
STREET ADDRESS	*****35.00 *****35.00
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	**DO NOT WRITE**
NAME	**IN THIS SPACE**
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

305-259-9119

SIGNATURE: Wayne D. DuRant WAYNE D. DURANT, SR 6/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

7/18/02