2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004231

1. Entity Name
GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC), INC.

Principal Place of Business	Mailing Address
11000 S.W. 216 STREET MIAMI, FL 33170	11000 S.W. 216 STREET MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

07092004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

DU'RANT, WAYNE D SR.
15251 S.W. 177 TERRACE
MIAMI, FL 33187

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 _____ DATE
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 September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	COATS, PATRICK D
STREET ADDRESS	12555 S.W. 219 STREET
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	D
NAME	DU'RANT, WAYNE D SR.
STREET ADDRESS	15251 S.W. 177 TERRACE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	T
NAME	LINSAY, MELVIN
STREET ADDRESS	11624 S.W. 102 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S
NAME	ALEXANDER, DAVID
STREET ADDRESS	11340 SW 175TH ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	ROBINSON, MARY
STREET ADDRESS	21502 SW 113TH AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000166503
07/15/04-80011-009 61.25

DO NOT WRITE IN THIS SPACE

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: Wayne D. DuRant 07/10/04 305-259-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #