2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90017 048 ****61.25

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

40009803

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

01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

7. Name and Address of New Registered Agent

Name JOHN F. COSGROVE, ESQ
Street Address (P.O. Box Number is Not Acceptable)
18320 S.W. 97TH AVENUE
City MIAMI FL Zip Code 33157.

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC COATS, PATRICK D 12555 S.W. 219 STREET MIAMI, FL 33170	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES COATS 11331 S.W. 176TH ST. MIAMI, FL. 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DU'RANT, WAYNE D SR. 15251 S.W. 177 TERRACE MIAMI, FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DU'RANT, WAYNE D SR. 15251 S.W. 177TH TER. MIAMI, FL. 33187.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINSAY, MELVIN 11624 S.W. 102 COURT MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEXANDER, DAVID 11340 SW 175TH ST MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, MARY 21502 SW 113TH AVENUE GOULDS, FL 33170	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 WAYNE D. DuRant, Sr. 01/18/05 305 259-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #