

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044704

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: GRACE COMMUNITY MANAGEMENT, INC.

## Current Principal Place of Business:

5348 N.E. SIXTH AVENUE  
SUITE 11-F  
FT. LAUDERDALE, FL 33334

## Current Mailing Address:

5348 N.E. SIXTH AVENUE  
SUITE 11-F  
FT. LAUDERDALE, FL 33334

## New Principal Place of Business:

5348 N.E. SIXTH AVENUE  
SUITE 11-F  
OAKLAND PARK, FL 33334

## New Mailing Address:

5079 N. DIXIE HIGHWAY  
#340  
OAKLAND PARK, FL 33334

FEI Number: 20-4595272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SULLIVAN, PATRICIA  
5348 N.E. SIXTH AVENUE  
SUITE 11-F  
FT. LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

SULLIVAN, PATRICIA  
5348 N.E. SIXTH AVENUE  
SUITE 11-F  
OAKLAND PARK, FL 33334 US

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:

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SULLIVAN, PATRICIA  
Address: 5348 N.E. SIXTH AVENUE, SUITE 11-F  
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: SULLIVAN, PATRICIA  
Address: 5348 N.E. SIXTH AVENUE, SUITE 11-F  
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP/D ( ) Change (X) Addition  
Name: SAYEGH, TANIA  
Address: 5210 N.E. SIXTH AVENUE, SUITE 4-G  
City-St-Zip: OAKLAND PARK, FL 33334

Title: S/D ( ) Change (X) Addition  
Name: FLITE, BARBARA  
Address: 5250 N.E. SIXTH AVENUE, SUITE 31-F  
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SULLIVAN

P/D

02/13/2008

Electronic Signature of Signing Officer or Director

Date