2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P06000044704

Entity Name: GRACE COMMUNITY MANAGEMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: VP/D ( ) Delete
Name: SULLIVAN, CHARLOTTE
Address: 5210 N.E. SIXTH AVENUE, SUITE 4-F
City-St-Zip: OAKLAND PARK, FL 33334

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/T (X) Change ( ) Addition
Name: SULLIVAN, CHARLOTTE
Address: 5210 N.E. SIXTH AVENUE, SUITE 4-F
City-St-Zip: OAKLAND PARK, FL 33334

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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/S 03/15/2009

Electronic Signature of Signing Officer or Director — Date