

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093884

FILED
Apr 29, 2006
Secretary of State

Entity Name: GRACE HOUSE COUNSELING CENTER, P.A.

Current Principal Place of Business:

133 STOWE AVE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

133 STOWE AVE
ORANGE PARK, FL 32073 US

Current Mailing Address:

133 STOWE AVE
ORANGE PARK, FL 32003 US

New Mailing Address:

133 STOWE AVE
ORANGE PARK, FL 32073 US

FEI Number: 59-3349001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, JANIE M
1887 OSPREY BLUFF BLVD.
ORANGE PARK, FL 32003 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: DP () Delete
Name: SIMPSON, JANIE M
Address: 1887 OSPREY BLUFF BLVD.
City-St-Zip: ORANGE PARK, FL 32003

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP () Change (X) Addition
Name: ARRINGTON, CONNIE
Address: 266 FLEMING FOREST LANE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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: JANIE SIMPSON

DP

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date