

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012711

Entity Name: HOLY CHURCH OF GRACE, INC.**Current Principal Place of Business:**2145 S MILITARY TRAIL
WEST PALM BEACH, FL 33415**Current Mailing Address:**2145 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US**FEI Number: 42-1719046****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAMOUR, FRANTZ
12745 82ND ST N
WEST PALM BEACH, FL 33412 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT AND PASTOR
Name	LAMOUR, FRANTZ
Address	12745 82ND ST N
City-State-Zip:	WEST PALM BEACH FL 33412

Title	CORRESPONDING SECRETARY
Name	LAMOUR, LINDA
Address	4313 WILLOW BROOK CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	REMY, JUDE
Address	11512 68TH N
City-State-Zip:	WEST PALM BEACH FL 33412

Title	TREASURER
Name	GEFFRARD, AGENER
Address	2986 CROSLAY DR APT B
City-State-Zip:	WEST PALM BEACH FL 33415

Title	MUSIC DIRECTOR
Name	LOUISDOR , TERRY
Address	513 ONTARIO PL
City-State-Zip:	WEST PALM BEACH FL 33409

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANTZ LAMOUR**PASTOR****04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date