

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 017 ****61.25

DOCUMENT # N01000005566

1. Entity Name
AMAZING GRACE EMPOWERMENT MINISTRY, INC.



40059860



Principal Place of Business
36079 N. PRINCE DR
YULEE, FL 32097

Mailing Address
36079 N. PRINCE DR
YULEE, FL 32097

02222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
76304 Long Leaf Loop

3. Mailing Address
76304 Long Leaf Loop

Suite, Apt. #, etc.

City & State
Yulee, Fl

City & State
Yulee, Fl

4. FEI Number
59-3748576

Applied For
 Not Applicable

Zip
32097

Country
Nassau

Zip
32097

Country
Nassau

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRITT, HELEN
96079 N PRINCE DR
YULEE, FL 32097

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	C BRITT, HELEN 96079 N PRINCE DR YULEE, FL 32097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C Helen Britt 76304 Long Leaf Loop Yulee, Fl 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VCD BRITT, KERRY 824 10TH ST NE WASHINGTON, DC 20002	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD SEGLER, TONY 10135 GATE RUN JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD SIMS, FELICIA PO BOX 1701 YULEE, FL 32041	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE: Helen Britt 4/7/07 904-548-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #