


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-04-2006 90204 043 ****61.25

DOCUMENT # N04000009376			
1. Entity Name GRACE, MERCY AND PEACE OUTREACH MINISTRIES, INC.			
Principal Place of Business 2800 N. 9th Ave Apt. 37B 1709 N DAVIS HWY PENSACOLA FL 32503		Mailing Address 2800 N. 9th Ave. Apt 37B 1709 N DAVIS HWY PENSACOLA FL 32503	
2. Principal Place of Business 2800 N. 9th Ave Suite, Apt. #, etc. Apt. 37B		3. Mailing Address Suite, Apt. #, etc.	
City & State Pensacola, Florida		City & State	
Zip 32503		Country Etc.	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent LYONS, CLEMENTINE H 1709 N DAVIS HWY PENSACOLA FL 32503		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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LYONS, CELEMENTINE H 1709 N DAVIS HWY PENSACOLA FL 32503 <i>2800 N. 9th Ave. Apt. 37B</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, CLAUDIA 1100 E LEONARD ST PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOC ROSHELL, GENE 1301 E SCOTT ST PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Viola Jarralds - seen 101 Escatona St. Pensacola, Fl. 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.S. Mrs. Willie J. Dailey 915 Handrock Ln. Pensacola, Fla. 32503	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 Section 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 like empowered.			
SIGNATURE: <i>Clementine H. Lyons</i>		Date: <i>April 19th, 2006</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	