


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0400009376**

1. Entity Name  
**GRACE, MERCY AND PEACE OUTREACH MINISTRIES, INC.**



Principal Place of Business      Mailing Address

**2800 N 9TH AVE APT 37B  
PENSACOLA FL 32503**      **2800 N 9TH AVE APT 37B  
PENSACOLA FL 32503**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**LYONS, CLEMENTINE H  
2800 N 9TH AVE  
APT 37B  
PENSACOLA FL 32503**

4. FEI Number      Applied For

**NO-T APPLICABLE**      Not Applicable

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

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 \_\_\_\_\_

Signature: typed or printed name of registered agent and filer (if applicable) (NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS: \$61.25**  
**Due By May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LYONS, CELEMENTINE H</b> <b>2800 N 9TH AVE APT 37B</b> <b>PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PHILLIPS, CLAUDIA</b> <b>1100 E LEONARD ST</b> <b>PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COC</b> <b>ROSELL, GENE</b> <b>1301 E SCOTT ST</b> <b>PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JARRALDS, VIOLA</b> <b>101 ESCALONA ST</b> <b>PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>DAILEY, WILLIS F</b> <b>415 HANCOCK LN</b> <b>PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>RAWKS, CHARLES</b> <b>1030 PALISADE RD</b> <b>PENSACOLA FL 32504</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>U00000941935</b> <b>05/28/08-80127-004 61.25</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Clementine H Lyons*