

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009376

FILED
Apr 22, 2009
Secretary of State

Entity Name: GRACE, MERCY AND PEACE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0509882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LYONS, CELENTINE H
Address: 2800 N 9TH AVE APT 37B
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: PHILLIPS, CLAUDIA
Address: 1100 E LEONARD ST
City-St-Zip: PENSACOLA, FL 32503

Title: COC () Delete
Name: ROSHELL, GENE
Address: 1301 E SCOTT ST
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: JARRALDS, VIOLA
Address: 101 ESCALONA ST
City-St-Zip: PENSACOLA, FL 32503

Title: AS () Delete
Name: DAILEY, WILLIS F
Address: 415 HANCOCK LN
City-St-Zip: PENSACOLA, FL 32503

Title: M () Delete
Name: RAWKS, CHARLES
Address: 1030 PALISADE RD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENTINE H LYONS

C

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date