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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # N18608

1. Corporation Name

EVER INCREASING GRACE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

P.O. 1150, SUITE 110
 MIAMI FL 33257

Mailing Address

P.O. 1150, SUITE 110
 MIAMI FL 33257



2. Principal Place of Business

21 16201 SW 95 Ave. St
 Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 1150
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/05/1987

22 ~~Suite 110~~

27

4. FEI Number
~~59-2772136~~

Applied For
 Not Applicable

23 City & State
 Miami, FL 33157

28 City & State
 Miami, FL

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip 33157 25 Country

29 Zip 33257 30 Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, WINSTON W.
 11101 SW 176TH STREET
 MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name - Same -
 82 Street Address (P.O. Box Number is Not Acceptable)
 16201 SW 95 Ave.
 83 Suite 110
 84 City Miami, FL 85 Zip Code 33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Winston Williams* WINSTON WILLIAMS DATE 3-18-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WINSTON W.	
STREET ADDRESS	16530 SW 103 PL	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CISLIN	
STREET ADDRESS	16530 SW 103 PL	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LESLIE, MARY ANN	
STREET ADDRESS	10520 SW 149 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	NELSON, BARBARA	
STREET ADDRESS	16111 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	CLABON, LESLIE	
STREET ADDRESS	10520 SW 149 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, ARTHNEL	
STREET ADDRESS	10761 SW 150 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Winston Williams* **REQUIRED WILLIAMS** DATE: 3/18/99 (305) 251-6828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)