

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0095883

DOCUMENT # N18608

04-02-2002 90946 001 ****70.00

1. Entity Name

EVER INCREASING GRACE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

16201 SW 95 AVE ST STE 110
 MIAMI FL 33257

P.O. 1150, SUITE 110
 MIAMI FL 33257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2772136

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, WINSTON W.
16201 SW 95 AVE ST STE 110
MIAMI FL 33157

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P/D
 NAME: WILLIAMS, WINSTON W.
 STREET ADDRESS: 16530 SW 103 PL
 CITY-ST-ZIP: MIAMI FL 33157
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: V/D
 NAME: WILLIAMS, CISLIN
 STREET ADDRESS: 16530 SW 103 PL
 CITY-ST-ZIP: MIAMI FL 33157
 Delete

TITLE: V/D/S
 NAME: WILLIAMS, CISLIN
 STREET ADDRESS: 16530 SW 103 PL
 CITY-ST-ZIP: MIAMI, FL 33157
 Change Addition

TITLE: TD
 NAME: LESLIE, MARY ANN
 STREET ADDRESS: 10520 SW 149 TERRACE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: V/D
 NAME: CLABON, LESLIE
 STREET ADDRESS: 10520 SW 149 TERRACE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: TUCKER, ARTHNEL
 STREET ADDRESS: 10761 SW 150 TERRACE
 CITY-ST-ZIP: MIAMI FL 33176
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

12. 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 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:

Winston Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-2002 (305) 251-6828

Date

Daytime Phone #

CR2E037 (9/01)