

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18608

FILED
May 10, 2005
Secretary of State

Entity Name: EVER INCREASING GRACE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

16201 SW 95 AVE ST STE 110
MIAMI, FL 33257

New Principal Place of Business:

Current Mailing Address:

PO BOX 1150
MIAMI, FL 33257

New Mailing Address:

FEI Number: 59-2772136 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: P/D () Delete
Name: WILLIAMS, WINSTON W.,
Address: 16530 SW 103 PL
City-St-Zip: MIAMI, FL 33157

Title: VDS () Delete
Name: WILLIAMS, CISLIN,
Address: 16530 SW 103 PL
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: LESLIE, MARY ANN
Address: 10520 SW 149 TERRACE
City-St-Zip: MIAMI, FL

Title: V/D () Delete
Name: CLABON, LESLIE
Address: 10520 SW 149 TERRACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: TUCKER, ARTHNEL
Address: 10761 SW 150 TERRACE
City-St-Zip: MIAMI, FL 33176

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CISLIN WILLIAMS

VDS

05/10/2005

Electronic Signature of Signing Officer or Director

_____ Date