

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18608

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: EVER INCREASING GRACE MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

11021 SW 176 STREET  
MIAMI, FL 33157

**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:**

WILLIAMS, WINSTON W  
11021 SW 176 STREET  
MIAMI, FL 33157 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: 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 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: CISLIN WILLIAMS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

VDS

07/14/2008

\_\_\_\_\_ Date