

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N18608

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:

New Mailing Address:

11021 SW 176 STREET
MIAMI, FL 33157

Current Mailing Address:

PO BOX 1150
MIAMI, FL 33257

FEI Number: 59-2772136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: TD (X) Change () Addition
Name: LESLIE, MARY ANN
Address: 10520 SW 149 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: V/D (X) Change () Addition
Name: CLABON, LESLIE
Address: 10520 SW 149 TERRACE
City-St-Zip: MIAMI, FL 33176

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 G. WILLIAMS

Electronic Signature of Signing Officer or Director

VDS

04/27/2009

Date