

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90045 036 ****70.00

DOCUMENT # N18608

1. Entity Name
EVER INCREASING GRACE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business: **16201 SW 95 AVE ST STE 110 MIAMI FL 33257**
Mailing Address: **P.O. 1150, SUITE 110 MIAMI FL 33257**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: **PO Box 1150**
Suite, Apt. #, etc.

City & State: **Miami, FL**
City & State: **Miami, FL**

Zip: **33257** Country: **USA**
Zip: **33257** Country: **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2772136** Applied For: Not Applicable:

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLIAMS, WINSTON W.
16201 SW 95 AVE ST-STE 110
MIAMI FL 33157**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida 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	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VDS NAME: WILLIAMS, CISLIN STREET ADDRESS: 16530 SW 103 PL CITY-ST-ZIP: MIAMI FL 33157	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LESLIE, MARY ANN STREET ADDRESS: 10520 SW 149 TERRACE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/D NAME: CLABON, LESLIE STREET ADDRESS: 10520 SW 149 TERRACE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TUCKER, ARTHNEL STREET ADDRESS: 10761 SW 150 TERRACE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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* RECORDED WILLIAMS 7 4-9-03 (305) 251-6828

CR2E037 (10/02)