

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90247 017 ****61.25

DOCUMENT # N23500

1. Entity Name
GRACE AND PRAISE MINISTRIES, INC.



Principal Place of Business
**16817 NW SR 45
HIGH SPRINGS FL 32643
US**

Mailing Address
**16817 NW SR 45
HIGH SPRINGS FL 32643
US**

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 **59-2725257**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, WAYNE F.
CR 778
HIGH SPRINGS FL 32643**

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	PD	<input type="checkbox"/> Delete
NAME	COOK, WAYNE	
STREET ADDRESS	P.O. BOX 2522 N/A	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HODGE, GARY M	
STREET ADDRESS	19515 NW 170TH LN	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERMAN, ROBERT CHARLES	
STREET ADDRESS	460 SO 2ND STREET	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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: *Wayne F. Cook* **WAYNE F. COOK** 1-18-03 352 3723963

CR2E037 (10/02)