

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90004 048 \*\*\*\*61.25

0039510

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002104

1. Corporation Name  
**SEEDS OF GRACE MINISTRIES, INC.**

\* 5 2 6 8 3 \*  
 526030 - 90004 - 48

Principal Place of Business: 194 NE 33RD ST. FT. LAUDERDALE FL 33334-1142  
 Mailing Address: 194 NE 33RD ST. FT. LAUDERDALE FL 33334-1142



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0831412	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, MAUDY 1445 NW 6TH AVENUE FORT LAUDERDALE FL 33311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MAUDY			1.2 NAME			
STREET ADDRESS	1445 NW 6TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHELTON, ANTHONY			2.2 NAME			
STREET ADDRESS	4800 NW 18 STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33313			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Andrea Hadden	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALTOWER, GRACIE			3.2 NAME	843 NW 81 <sup>st</sup> AVE		
STREET ADDRESS	3430 NW 31ST AVENUE			3.3 STREET ADDRESS	Plantation FL 33324		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INGRAM, ANNIE			4.2 NAME			
STREET ADDRESS	1600 NW 69TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maudy Brown QUINN Andy Brown 4/20/99 5255732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)