

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-22-2000 90046 017 ****70.00

DOCUMENT # N99000001932

1. Entity Name
 River of Grace Ministries Inc.

Principal Place of Business
 7409 S. 301 ^{Hwy.}
 Riverview, Fl. 33569

Mailing Address
 P.O. Box 1573
 Riverview, Fl. 33568

104947

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		56-1968648	Not Applicable
City & State Riverview FL		City & State Riverview FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip 33569	Country U.S.A.	Zip 33568	Country U.S.A.	<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Robert E. Atkins		Name	
3104 Buckrow Dr.		Street Address (P.O. Box Number is Not Acceptable)	
Brandon, Fl. 33511		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
_____		V Pastor Robin Atkins 3104 Buckrow Dr. Brandon, Fl. 33511	
_____		O Elder Larry Peoples 13612 Waterfall Way Tampa, Fl. 33624	
_____		D Elder Kent Cole 1137 Blufield Ave. Brandon, Fl. 33511	
_____		S Terri Stuffs 703 Providence Trace Cir. APT 103 Brandon, Fl. 33511	
_____		D Elder Clyde Stuffs 703 Providence APT. 103 Brandon, FL. 33511	
_____		_____	

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: Robert E. Atkins Robert E. Atkins 813-741-0077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)