

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90075-014-\$61.25-\$61.25

DOCUMENT # N99000006700

1. Entity Name

AMAZING GRACE MINISTRIES INC. ✓

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 8:16

Principal Place of Business

2394 EDDIE RD.  
TALLAHASSEE FL 32308

Mailing Address

2394 EDDIE RD.  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3585818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DEBORAH  
1609 LONGSTREET DR.  
TALLAHASSEE FL 32308

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.

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  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Chairman	Donald Griswell	2394 EDDIE ROAD	TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> "D"
VICE-CHAIRMAN	DARRYL GRISWELL	2394 EDDIE ROAD	TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> "D"
SECRETARY / TREASURER	EMMA GRISWELL	614 STEEL DRIVE	TALLAHASSEE, FL	<input checked="" type="checkbox"/> "T"
TREASURER	DEBBIE MILLS-JONES	4242 LITTLE OSPREY DR.	TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> "T"
TREASURER	BRUCE JONES	4242 LITTLE OSPREY DR	TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> "T"
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Donald Griswell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/2000  
Date

(850) 668-7220  
Daytime Phone #

CR2E037 (5/00)