

# 2001- UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90012 017 \*\*\*\*61.25

**DOCUMENT # N99000006700**

1. Entity Name

**AMAZING GRACE MINISTRIES INC.**

Principal Place of Business

**2394 EDDIE RD.  
 TALLAHASSEE FL 32308**

Mailing Address

**2394 EDDIE RD.  
 TALLAHASSEE FL 32308**

910204



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

7. Name and Address of New Registered Agent

**JONES, DEBORAH  
 1609 LONGSTREET DR.  
 TALLAHASSEE FL 32308**

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

*Deborah Jones*

1-24-01

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **CD *Griswell*  
 CRISWELL, DONALD**  
 STREET ADDRESS **3394 EDDIE ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV  
 CRISWELL, DARRYL**  
 STREET ADDRESS **3394 EDDIE ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STTR  
 CRISWELL, EMMA**  
 STREET ADDRESS **614 STEEL DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TTR  
 MILES-JONES, DEBBIE**  
 STREET ADDRESS **4242 LITTLE OSPREY DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TTR  
 JONES, GRAIG**  
 STREET ADDRESS **4242 LITTLE OSPREY DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *Deborah Jones* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

850/297-0280

Date

Daytime Phone #

CR2E037 (10/00)