

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005931

**DOCUMENT # N99000006700**  
 1. Entity Name  
**AMAZING GRACE MINISTRIES INC.**

**FILED**  
**02 APR 25 AM 8:05**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**2394 EDDIE RD.**      **2394 EDDIE RD.**  
**TALLAHASSEE FL 32308**      **TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2001 N. MONROE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**TALLAHASSEE, FL**  
 Zip      Country      Zip      Country  
**32301**      **US**

4. FEI Number      Applied For  
**59-3585818**      Not Applicable  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GRISWELL, DONALD</b> <b>3394 EDDIE ROAD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>CRISWELL, DARRYL</b> <b>3394 EDDIE ROAD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STTR</b> <b>CRISWELL, EMMA</b> <b>614 STEEL DRIVE</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTR</b> <b>MILES-JONES, DEBBIE</b> <b>4242 LITTLE OSPREY DR</b> <b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTR</b> <b>JONES, GRAIG</b> <b>4242 LITTLE OSPREY DR</b> <b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald Griswell*      **4-23-02**

CR2E037 (9/01)