I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: IVAN L GRANT, SR.

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Tit Na Ac

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.

Electronic Signature of Registered Agent

SIGNATURE:

Title	PO	Title	S	
Name	GRANT, IVAN L SR.	Name	GRANT, IRIS E	
Address	10135 GATE PARKWAY, N, #1402	Address	10135 GATE PARKWAY, N, #1402	
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246	
Title	Т			
Name	GRANT, IVAN L JR.			
Address	273 WOODED CROSSING CIRCLE			
City-State-Zip:	ST. AUGUSTINE FL 32084			

Current Principal Place of Business: 10135 GATE PARKWAY, N, #1402

JACKSONVILLE, FL 32246

DOCUMENT# N20000013050

Current Mailing Address:

10135 GATE PARKWAY, N, #1402 JACKSONVILLE, FL 32246 US

FEI Number: 20-4052409

Name and Address of Current Registered Agent:

GRANT, IVAN L SR. 10135 GATE PARKWAY, N, #1402 JACKSONVILLE, FL 32246 US

Entity Name: APOSTLE IVAN L GRANT SR MINISTRIES, INC.

FILED Jan 11, 2021 Secretary of State 1449574481CC

Certificate of Status Desired: Yes

PRESIDENT

01/11/2021 Date

Date