

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005431

**Entity Name:** GRACE MINISTRIES INTERNATIONAL OF JACKSONVILLE, INC.**Current Principal Place of Business:**4232 GARIBALDI AVENUE  
JACKSONVILLE, FL 32210**Current Mailing Address:**4232 GARIBALDI AVENUE  
JACKSONVILLE, FL 32210**FEI Number:** 59-3599469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STARK, ROGER B  
4232 GARIBALDI AVENUE  
JACKSONVILLE, FL 32210 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PTE
Name	STARK, ROGER B
Address	4232 GARIBALDI AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	STARK, ALEXANDER
Address	4232 GARIBALDI AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	DAVIS, JED
Address	2312 RIVER ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	SD
Name	STARK, GLORIA
Address	4232 GARIBALDI AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	RUMMELL, LEEANN
Address	2538 RIVER RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	STARK, BLAIR ELIZABETH
Address	2358 HERSCHEL STREET APT #3
City-State-Zip:	JACKSONVILLE FL 32204

*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:** ROGER B STARK**PRESIDENT****05/04/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date