

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007390

**Entity Name:** GRACE INTERNATIONAL, INC.

**Current Principal Place of Business:**

20401 NW 2D AVE  
SUITE 218  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

PO BOX 964137  
MIAMI, FL 33269 US

**FEI Number:** 65-1025118

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GRACE INTERNATIONAL, INC  
20401 NW 2D AVE  
SUITE 218  
MIAMI, FL 33169 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:** JOEL R JEUNE

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JEUNE, JOEL R DR.  
Address 20401 NW 2ND AVE, SUITE 218  
City-State-Zip: MIAMI FL 33169

Title VPD  
Name JEUNE, DORIS L PASTOR  
Address 20401 NW 2D AVE  
SUITE #218  
City-State-Zip: MIAMI FL 33169

Title SEC  
Name MIGALA, MARLON  
Address 20401 NW 2ND AVE  
#218  
City-State-Zip: MIAMI FL 33169

Title TREASURER  
Name KNOWLES, THELMA DR.  
Address 20401 NW 2D AVE  
#218  
City-State-Zip: MIAMI FL 33169

Title ADVISOR  
Name CONNELL, CHRIS REVEREND  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269

Title CORRESPONDING SECRETARY  
Name SNOWDEN, JOYCE  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269

Title TRUSTEE  
Name VOLCY, EDDY SAINTANGE DR.  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269

Title CO-TRUSTEE  
Name CLARK, IRENE  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269

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*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:** JOEL R JEUNE

PRESIDENT, CEO

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CO-TRUSTEE  
Name FORD, JANE  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269

Title ADVISOR  
Name FORD, JOE ADVISOR  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269

Title FUNDRAISING COORDINATOR  
Name VOLINI, THOMAS MR  
Address 20401 NW 2D AVE  
SUITE 218  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR OF DEVELOPMENT  
Name VERONICA, LALLION  
Address 689 NW 45TH STREET,  
#6  
City-State-Zip: MIAMI FL 33127

Title ADVISOR  
Name ANDRAL, LUCE RABEL  
Address PO BOX 694137  
City-State-Zip: MIAMI FL 33269