

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007390

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

**Current Principal Place of Business:**

20401 NW 2D AVE  
MIAMI, FL 33169

**Current Mailing Address:**

PO BOX 172508  
HIALEAH, FL 33017 US

**FEI Number:** 65-1025118

**Certificate of Status Desired:** Yes

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

JEUNE, JOEL R DR.  
20401 NW 2D AVE  
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:** DR. JOEL R JEUNE

01/03/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JEUNE, JOEL  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

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

Title SECRETARY  
Name WEAVER, JR., LUKE JR.  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

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

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

Title ASST. TREASURER  
Name KEITH, KATHY  
Address 20401 NW 2D AVE  
City-State-Zip: MIAMI FL 33169

Title ADVISOR  
Name CONNELL, CHRIS REVEREND  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

Title CORRESPONDING SECRETARY  
Name SNOWDEN, JOYCE  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

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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:** DR JOEL R JEUNE

PRESIDENT

01/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name VOLCY, EDDY SAINTANGE DR.  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

Title CO-TRUSTEE  
Name FORD, JANE  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

Title CO-TRUSTEE  
Name CLARK, IRENE  
Address PO BOX 172508  
City-State-Zip: HIALEAH FL 33017

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