

2018 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, FL 33169

FILED
Jan 29, 2018
Secretary of State
CC2515429317

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:

JEUNE, JOEL R DR.
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: DR. JOEL R JEUNE

01/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name JEUNE, JOEL
Address PO BOX 694137
City-State-Zip: MIAMI FL 33269

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

Title SECRETARY
Name WEAVER, JR., LUKE JR.
Address PO BOX 694137
City-State-Zip: MIAMI FL 33269

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 ASST. TREASURER
Name KEITH, KATHY
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

Continues on page 2

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

01/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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