

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED

Sep 12, 2000 8:00 am
Secretary of State

08-30-2000 90004 039 ****61.25

DOCUMENT # 741460

1. Entity Name

GRACE PRISON MINISTRY, INC.



Principal Place of Business

13830 S.W. 45 TERRACE
MIAMI FL 33175

Mailing Address

13830 S.W. 45 TERRACE
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1887700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGWOOD, REV DONALD S
13830 S. W. 45 TERRACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAGWOOD, DONALD - D.
STREET ADDRESS 13830 SW 45 TERRACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE STD
NAME MAGWOOD, FRANCES MARIE - D.
STREET ADDRESS 2410 NE 184 ST
CITY-ST-ZIP MIAMI FL 33163 ☐ Delete

TITLE VD
NAME MANGAN JOHN
STREET ADDRESS 14060 S.W. 47 ST.
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MAGWOOD, DONALD H. - D
STREET ADDRESS 2410 N.E. 184 ST.
CITY-ST-ZIP MIAMI FL 33163 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD MAGWOOD AUG-27, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)