

2001 UNIFORM BUSINESS REPORT (UBR)**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 12, 2001, 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	PDD	<input type="checkbox"/> Delete
NAME	MAGWOOD, DONALD	
STREET ADDRESS	13830 SW 45 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	STDD	<input type="checkbox"/> Delete
NAME	MAGWOOD, FRANCES MARIE	
STREET ADDRESS	2410 NE 184 ST	
CITY-ST-ZIP	MIAMI FL 33163	

TITLE	VD	<input type="checkbox"/> Delete
NAME	MAGWOOD, DONALD H	
STREET ADDRESS	2410 N.E. 184 ST	
CITY-ST-ZIP	MIAMI FL 33163	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 S. MAGWOOD AUG 29 2001**305-553-****6342****FILED
Sep 10, 2001 8:00 am
Secretary of State**

09-10-2001 90046 023 ****61.25

LUU76040

DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)