2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the changed, or on an attack

SIGNATURE:

Aug 12, 2004 8:00 am Secretary of State **DOCUMENT # 741460** 1. Entity Name 08-12-2004 90005 047 ****61.25 GRACE PRISON MINISTRY, INC. Principal Place of Business Mailing Address 13830 S.W. 45 TERRACE MIAMI FL 33175 13830 S.W. 45 TERRACE 24079704 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 59-1887700 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGWOOD, REV DONALD S Street Address (P.O. Box Number is Not Acceptable) 13830 S. W. 45 TERRACE **MIAMI FL 33175** City 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. I am familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDD ☐ Addition TITLE Delete ☐ Change TITLE MAGWOOD, DONALD NAME NAME 13830 SW 45 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition MAGWOOD, FRANCES MARIE NAME NAME 2410 NE 184 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33163__ CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME MAGWOOD, DONALD H NAME STREET ADDRESS 2410 N.E. 184 ST STREET ADDRESS **MIAMI FL 33163** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete DD F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DONALD S. MAGWOOD AUG. S. ZOOA

FILED