

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741460

FILED  
Aug 10, 2005  
Secretary of State

**Entity Name:** GRACE PRISON MINISTRY, INC.

**Current Principal Place of Business:**

13830 S.W. 45 TERRACE  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13830 S.W. 45 TERRACE  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 59-1887700      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDD ( ) Delete  
Name: MAGWOOD, DONALD,  
Address: 13830 SW 45 TERRACE  
City-St-Zip: MIAMI, FL

Title: STDD ( ) Delete  
Name: MAGWOOD, FRANCES MARIE  
Address: 2410 NE 184 ST  
City-St-Zip: MIAMI, FL 33163

Title: VD ( ) Delete  
Name: MAGWOOD, DONALD H  
Address: 2410 N.E. 184 ST  
City-St-Zip: MIAMI, FL 33163

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD MAGWOOD

PDD

08/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date