

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765611

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SPIRIT OF GRACE MINISTRIES, INC

**Current Principal Place of Business:**

16630 SW WARFIELD BLVD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 667  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 59-2465713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONE, CLAUDEAN  
2140 NE 39TH BLVD  
OKEECHOBEE, FL 34972 US

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

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: P  
Name: CONE, CLAUDEAN  
Address: 2140 NE 39TH BLVD  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP  
Name: VASQUEZ, TONY  
Address: 2372 CENTER CIRCLE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: S  
Name: VASQUEZ, MILDRED  
Address: 2372 NE CENTER CIRCLE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD  
Name: MOUNTS, CONNIE  
Address: 16100 SW MORGAN STREET  
City-St-Zip: INDIANTOWN, FL 34956

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:** CLAUDEAN CONE

P

02/15/2011

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

\_\_\_\_\_  
Date