

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90146 026 ****70.00

DOCUMENT # F01000006000

1. Entity Name

GRACE MINISTRIES, INC.

Principal Place of Business

2117 NE 2ND STREET
BOYNTON BEACH FL 33435

Mailing Address

2117 NE 2ND STREET
BOYNTON BEACH FL 33435

400010

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

P.O. Box 542364

City & State

LAKE WORTH, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33454 USA

5. Certificate of Status Desired

X \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTIN, LAUSANE
2117 N.E. 2ND ST.
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

NAME SAME

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

Lausanne Augustin

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

(NOTE: Registered Agent signature required when reinstating)

4-14-02

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P NBEI, ELYSEE 5265 NW 5TH CT DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUGUSTIN, ARSELAINE 2117 NE 2ND ST. BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLBERT, AUGUST 241 ROSS DR. DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIERRO, JOSEPH A 2807 ALBATROSS RD #1 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUGUSTIN, LOUSANE 2117 NE 2ND ST. BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEILLARD, HUBERT 2807 ALBATROSS RD #1 DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POBEI, ELYSEE 5265 NW 5TH CT DELRAY BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Etina Letemps 204 Duane St. Orange N.J. 07050	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERLINE Dureus-Examon 1102 Meadows Circle Boynton Beach, FL 33436	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR PASTOR ASTREL PIERRE JOSEPH 5265 NW 5TH CT DELRAY BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUGUSTIN, LAUSANE 2117 NE 2ND ST. BOYNTON BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elonie Esther Durum 3909 Swiss Ave #318 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Lausanne Augustin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

Daytime Phone #

CR2E037 (9/01)