

## 2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

P.O. Box 542364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Lake Worth, FL

Zip

Zip

33454

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

SAME

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

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 lousane Augustin

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7-14-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (9/01)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPP  
NBEI, ELYSEE  
5265 NW 5TH CT  
DELRAY BEACH FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPOBEI, ELYSEE  
5265 NW 5TH CT  
DELRAY BEACH FL Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPS  
AUGUSTIN, ARSELAIN  
2117 NE 2ND ST.  
BOYNTON BEACH FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPS  
ETNA Letemps  
204 Duane St. Orange  
N.J. 07050 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPT  
COLBERT, AUGUST  
241 ROSS DR.  
DELRAY BEACH FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPERLINE DUREUS-EXAMON  
102 Meadows Circle  
Boynton Beach, FL 33436 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPCD  
PIERRO, JOSEPH A  
2807 ALBATROSS RD #1  
DELRAY BEACH FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSENIOR PASTOR  
ASTREL PIERRE JOSEPH  
5265 NW 5TH CT DELRAY BEACH, FL Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVD  
AUGUSTIN, LOUSANE  
2117 NE 2ND ST.  
BOYNTON BEACH FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVP  
AUGUSTIN, LAUSANE  
2117 NE 2ND ST.  
BOYNTON BEACH FL Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
VEILLARD, HUBERT  
2807 ALBATROSS RD #1  
DELRAY BEACH FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
Elorie Esther Dureus  
3909 Swiss Ave #318  
Dallas, TX 75204 Change  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: lousane Augustin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-02

Date

Daytime Phone #