8/31/01-90003-021-$61.25-$61.25

8/3

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000725

1. Entity Name

GRACE AND MERCY MINISTRY INC.

FILED

01 SEP 27 PM 12:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5507 PERINE DRIVE ORLANDO FL 32808 10135 Twin Oak Dr, Covington GA 30014	5507 PERINE DRIVE ORLANDO FL 32808

2. Principal Place of Business	3. Mailing Address 10135 Twin Oak Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Covington GA
Zip / Country	Zip 30014 / Country America

4. FEI Number 59-3627420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, LORENZO 5507 PERINE DRIVE ORLANDO FL 32808	Name 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: Lorenzo Miller Lorenzo Miller 8/23/01
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	President/Owner Lorenzo Miller director 10135 Twin Oaks Dr. Covington GA. 30014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Co-owner director Brenda Miller 10135 Twin Oaks Dr. Covington GA. 30014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Trustee Izora Anderson 10135 Twin Oaks Dr Covington GA. 30014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TAMARAE Shade 10135 Twin Oak Dr. Trustees Covington GA 30014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	LAWONDA CONNON 10135 Twin Oak Dr. Trustee Covington GA 30014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LS

CR2E037 (5/01)

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: Lorenzo Miller RED 8/23/01 770) 385-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #