

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90166 036 \*\*\*\*61.25

DOCUMENT # *N00000000725*

1. Entity Name

*GRACE and Mercy ministry Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5507 Perrine Dr.*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Orlando, FLA.*

City & State

4. FEI Number

*59-3627420*

Applied For

Not Applicable

Zip  
*32808*

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Lorenzo Miller*

Street Address (P.O. Box Number is Not Acceptable)

*5507 Perrine Dr.*

City

*Orlando*

FL

Zip Code

*32808*

**DO NOT WRITE  
IN THIS SPACE**

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*

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

(NOTE: Registered Agent signature required when reinstating)

*8/30/02*

DATE

**FEE IS \$61.25**

Initial or Amended UBR

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

*owner / pastor / president  
Lorenzo Miller  
5507 Perrine Dr.  
Orlando, FL 32808*

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

*Co Owner / Oc Pastor / Vice president  
Brenda Miller  
5507 Perrine Dr.  
Orlando, FL 32808*

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

*Trisha Anderson  
Secretary / Trustee  
5507 Perrine Dr.  
Orlando, FL 32808*

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

*Trustee  
Tamarie Shade  
5507 Perrine Dr.  
Orlando, FL 32808*

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

*Trustee  
Lawonda Cannon  
5507 Perrine Dr.  
Orlando, FL 32808*

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lorenzo Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/30/02*

Date

Daytime Phone #

CR2E037B (12/01)