

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/02

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	<i>owner/pastor/president Lorenzo Miller 5507 Perrine Dr. Orlando, FL 32808</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Co Owner/oc pastor/vice president Brenda Miller 5507 Perrine Dr. Orlando, FL 32808</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>former Anderson's Secretary/Trustee 5507 Perrine Dr. Orlando, FL 32808</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Trustee Tamarie Shade 5507 Perrine Dr. Orlando, FL 32808</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Trustee Lawonda Cannon 5507 Perrine Dr. Orlando, FL 32808</i>
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**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)