

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90143 047 ****70.00

DOCUMENT # N00000000725

1. Entity Name
Grace & Mercy Ministry Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
45 Parramore Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 682395
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Fla

City & State
Orlando, Fla

4. FEI Number
59-3427420

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
32805 Country
Orange Zip
32808 Country
Orange

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Pastor Lorenzo Miller

Street Address (P.O. Box Number is Not Acceptable)
5507 Perrine Dr.

City
Orlando FL Zip Code
32808

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 6/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Pastor Lorenzo Miller 5507 Perrine Dr. Orl, FL 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President Pastor Brenda Miller 5507 Perrine Dr. Orlando, FL 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Valerie Miller 5507 Perrine Dr. Orl, FL 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Trustee Tameka Anderson 5507 Perrine Dr. Orlando, Fla. 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Trustee Tamarae Shade 5507 Perrine Dr. Orl, FL 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Trustee Latasha Brown 3057 Willow Bend Blvd Orl, FL 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Pastor Lorenzo Miller DATE: 6/30/03 DAYTIME PHONE #: 407/292-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)