

**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

3. Mailing Address

P.O. Box 682395

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Fla

City & State

Orlando, Fla

4. FEI Number

59-3427420

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32808

Country

Orange

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

3. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/03

**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

*President
Pastor Lorenzo Miller
5507 Perrine Dr.
Orl, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Vice-President
Pastor Brenda Miller
5507 Perrine Dr
Orlando, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Secretary
Valerie Miller
5507 Perrine Dr
Orl, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Trustee
Tameka Anderson
5507 Perrine Dr.
Orlando, Fla. 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Trustee
Tamarae Shade
5507 Perrine Dr
Orl, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Trustee
Latasha Brown
3057 Willow Bend Blvd
Orl, FL 32808*

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:

Pastor Lorenzo Miller

Date

6/30/03

Daytime Phone #

407/292-0959

CR2E037B (12/02)