2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000002672

1. Entity Name
GRACE OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
5006 IRONWOOD TRAIL BARTOW, FL 33830	P. O. BOX 415 HIGHLAND CITY, FL 33846

DO NOT WRITE IN THIS SPACE

01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3638981
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL, V.K.
5006 IRONWOOD TRAIL
BARTOW, FL 33830

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEORGE, THOMAS
STREET ADDRESS	5541 BEVERLY RISE BLVD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	DANIEL, V.K.
STREET ADDRESS	5006 IRONWOOD TRAIL
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	PHILIP, VARUGHESE
STREET ADDRESS	5266 ST. LUCIA DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	PHILIP, REJI
STREET ADDRESS	5222 ST. LUCIA DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/07-80041-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Varughese Philip 1/23/07 863-644-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #