

4/13

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

04-13-2001 90076 012 ****61.25

DOCUMENT # N00000004608

1. Entity Name

SAVED BY GRACE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3138 S UNIVERSITY DRIVE
MIRAMAR FL 330253138 S UNIVERSITY DRIVE
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1102401

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, JOAN
4930 SW 151ST TERRACE
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name JOAN SHAW

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

8537 LONGACRE DR

City

MIRAMAR

FL

Zip Code

33025

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JOAN 4930 SW 151 TERRACE MIRAMAR FL 33027	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNY, CAROL 3138 SW UNIVERSITY DRIVE MIRAMAR FL 33025	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, LENORA 3138 SW UNIVERSITY DRIVE MIRAMAR FL 33025	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

[954] 447-2665

Daytime Phone #

CR2E037 (10/00)