## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with any action of the corporation or the receiver or trust changed.

SIGNATURE AND

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # N0000004608 1. Entity Name 02-04-2004 90057 042 \*\*\*\*61.25 SAVED BY GRACE MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 3138 S UNIVERSITY DRIVE 3138 S UNIVERSITY DRIVE MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-1102401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAW, JOAN Street Address (P.O. Box Number is Not Acceptable) 8537 LONG ACRE DRIVE MIRAMAR FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D President/Secy SHAW, JOAN Director. Delete Addition X TITLE TITLE Change NAME NAME Robert Bishop 4930 SW 151 TERRACE MIRAMAR EL 33027 3138 S. Univ. Dr STREET ADDRESS STREET ADDRESS 3138 S. Univ. Drive CITY-ST-ZIP Miramar, Fl 33025 CITY-ST-ZIP Miramar, Fl 33025 Delete ☐ Change ☐ Addition TITLE TITLE MCKENNY, CAROL NAME NAME 3138 SW UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP <sup>D</sup> Treasurer TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRONSON, LENORA NAME NAME 3138 SW UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lepton to 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 the empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if directs, with all other like empowered.

FILED