2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 27, 2005 8:00 am DOCUMENT # N0000004608 **Secretary of State** 1. Entity Name 04-27-2005 90330 022 ****61.25 SAVED BY GRACE MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 3138 S UNIVERSITY DRIVE 3138 S UNIVERSITY DRIVE 140010~0 MIRAMAR FL 33025 MIRAMAR FL 33025 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 65-1102401 Not Applicable Country Zip 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert Bishop SHAW, JOAN Street Address (P.O. Box Number is Not Acceptable) 7500 NW 16th Street 8537 LONG ACRE DRIVE MIRAMAR FL 33025 Zip Code 33313 Plantation 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 SIGNATURE DATE Signature, typed or p ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DPS TITLE Change ☐ Addition Delete SHAW, JOAN NAME Director/ Sec Daznett Scarlett 3138 S. UNIV. DR. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-7IP CITY-ST-ZIP 3138 S. Univ. Drive D Change Addition TATLE ☐ Delete TITLE Director/ Treasurer BISHOP, ROBERT NAME NAME Bevery McLymont 3138 S. UNIV. DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP 3138 S. Univ. Dr OT ☐ Change ☐ Addition TITLE Detete THILE Director BRONSON, LENORA NAME NAME Sharon Bishop 3138 SW UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 3138 S. Univ. Dr CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Director NAME NAME STREET ADDRESS Valerie Weston STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3138 S. Univ. Dr. ☐ Change ☐ Delete TITEF Addition Director NAME NAME Julie Jensen STREET ADDRESS STREET ADDRESS 3138 S. Univ. Dr. CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Change ☐ Addition HILE ☐ Detete Director NAME NAME Errol Shaw STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 3138 S. Univ. Dr. 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.

Robert Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

954-447-2665

Davtime Phone #

4/20/05