## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000004608

1. Entity Name

## SAVED BY GRACE MINISTRIES INTERNATIONAL, INC.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90044 031 \*\*\*\*61.25

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				WE 15					
MIRAMAR FL 33025  MIRAMAR FL 33025  Sulto. Apri. #, etc.  Sulto. April #, etc.  Sulto. A	Principal Pla	ce of Business	Mailing Address						
Sulto, Apt. #, etc.   Sulto, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A, FEI Numbur 65-1102401   Replied For Not Application of State   Replied For Not Application   R						11 8611 AB11 AB11 AB11	<b>8114 R4848 81111 88</b> 1	E4 1811 1881	
City & State   City & State   City & State   A. FEI Number 65-1102401   Applied For Not Applie	2. Principal I	Place of Business	3. Mailing Address	Aailing Address					
Time	Suite, Apt		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  S. See Address (P.O. Box Number is Not Acceptable)  S. See Address of Post Address of New Registered Agent  S. Name and Address of New Registered Agent  S. Name and Address of New Registered Agent  S. Name and Address of New Registered Agent  S. See Address of Post Agent Agent Agent Age	City & State C		City & State	ity & State		4. FEI Number 65-1102401			
SHAW, JOAN 8S7 LONG ACRE DRIVE MIRAMAR FL 33025  City FL Zup Code 6. The above named entity subtrits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  Signature:  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Added to Fees  Frust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Signatures Shaw, JOAN 9. Shaw,	Zip			Country	<b>5.</b> Certificate of Sta			.75 Additional	
SHAW, JOAN BS37 LONG ACRE DRIVE MIRAMAR FL 33025  6. The above named ently submits this statement for the purpose of changing its registered agent, or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of registered agent. Or both, in the Siste of Florida. I am familiar with and accept the obligation of Florida familiar with and accept the obligation of Florida familiar with and accept the obligation of Flori		6. Name and Address of Current	l Registered Agent	<u> </u>	7. Name and Addre	ess of New Registered			
B. The above named entity submits this statement for the purpose of changing its registered agent, or ooth, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, byted or proted neme of implicited upon time of applicable.	8537 LO	NG ACRE DRIVE							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cologiations of registered agent.    Signature   Signa				City	. <u> </u>	FI	Zip Code		
Trust Fund Contribution.   Added to Fees   Florida Department of State  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   D	the obliga	lions of registered agent.			-		familiar with, a	nd accept	
TITLE SHAW, JOAN SHAW, JOAN 4930 SW 151 TERRACE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP MIRAMAR STREET ADDRESS CITY-ST-ZIP MIRAMAR STREET ADDRESS CITY-ST-ZIP CHANAE STREET ADDRESS CITY-ST-ZIP S		FILE NOW: FEE IS \$61.25				Make Check Payable to Added to Fees Florida Department of State		o ate	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D MCKENNY, CAROL 3138 SW UNIVERSITY DRIVE MIRAMAR FL 33025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D MRAMAR FL 33025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DI	RECTORS IN 1	0	
NAME STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025  TITLE D D Delete BRONSON, LENORA 3138 SW UNIVERSITY DRIVE MIRAMAR FL 33025  TITLE BRONSON, LENORA 3138 SW UNIVERSITY DRIVE MIRAMAR FL 33025  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREE	NAME STREET ADDRESS	SHAW, JOAN 4930 SW 151 TERRACE	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	MCKENNY, CAROL 3138 SW UNIVERSITY DRIVE	□ Delete 	NAME STREET ADDRESS	and the state of t	er jangang	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRONSON, LENORA 3138 SW UNIVERSITY DRIVE	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
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NAME STREET ADDRESS STREET ADDRESS	TITLE NAME Street Address City-St-Zip		☐ Delete	NAME Street address			☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS			☐ 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 REQUIRED

CR2E037 (10/02)