# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2004**
**Secretary of State**

DOCUMENT# N01000002163

**Entity Name:** GRACE IN ACTION MISSION, INC.

**Current Principal Place of Business:**

25436 GEDDY DRIVE
LAND O LAKES, FL 346395669

**New Principal Place of Business:**

**Current Mailing Address:**

25436 GEDDY DRIVE
LAND O LAKES, FL 346395669

**New Mailing Address:**

**FEI Number: 65-1093256** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKENZIE, KERRY A. SR.
110 WEST ALVA STREET
TAMPA, FL 336033614 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | BYNZAR, VASILIY | |
| Address: | 25436 GEDDY DRIVE | |
| City-St-Zip: | LAND O LAKES, FL 346395669 | |
| Title: | D | ( ) Delete |
| Name: | BYNZAR, OLEG | |
| Address: | 25436 GEDDY DRIVE | |
| City-St-Zip: | LAND O LAKES, FL 346395669 | |
| Title: | D | ( ) Delete |
| Name: | PETRILA, LUCICA | |
| Address: | 1310 JOHNSON STREET | |
| City-St-Zip: | HOLLYWOOD, FL 33019 | |
| Title: | D | ( ) Delete |
| Name: | MCKENZIE, KERRY A. SR. | |
| Address: | 110 WEST ALVA STREET | |
| City-St-Zip: | TAMPA, FL 336033614 | |
| Title: | D | ( ) Delete |
| Name: | THOMAS-MCKENZIE, TIFFANY | |
| Address: | 12108 N. 56TH STREET, SUITE 4 | |
| City-St-Zip: | TAMPA, FL 33617 | |
| Title: | D | ( ) Delete |
| Name: | HORTON, DENNIS | |
| Address: | 905 HOLLYSHORE DRIVE | |
| City-St-Zip: | LUTZ, FL 335485029 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYNZAR OLEG D 04/24/2004

Electronic Signature of Signing Officer or Director — Date