

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90122 025 ****61.25

DOCUMENT # N01000002433

1. Entity Name

SOUTHERN GRACE MINISTRIES, INC.



Principal Place of Business

**2835 WILLOW WOOD DRIVE
MULBERRY FL 33860**

Mailing Address

**P O BOX 1235
MULBERRY FL 33860**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3711544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENTON, RONALD W
2835 WILLOW WOOD DRIVE
MULBERRY FL 33860**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Ronald W. Benton

President

4-27-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENTON, RONALD W	
STREET ADDRESS	2835 WILLOW WOOD DRIVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPRADLEN, THOMAS G	
STREET ADDRESS	4938 AVON STREET	
CITY-ST-ZIP	LAKE WALES FL 33860	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BENTON, TWILA M	
STREET ADDRESS	2835 WILLOW WOOD DRIVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARSH, JOHN H III	
STREET ADDRESS	220 BREZZE HILL	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah M. Trissel	
STREET ADDRESS	4875 N.E. 76th Way	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	Twila M. Benton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2835 Willow Wood Dr.	
STREET ADDRESS	Mulberry, FL 33860	
CITY-ST-ZIP		
TITLE	Star Paxton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2179 El Campo Ave	
STREET ADDRESS	Deftona, FL 32738	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ronald W. Benton

4-27-03 863-608-0467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)