

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002835

FILED
Apr 30, 2009
Secretary of State

Entity Name: GRACE BIBLE WAY HANDS ON OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

17100 NW 27TH AVE.
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

4410 NW 187TH TERR.
MIAMI, FL 33055

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, IVORY
3571 NW 2ND ST.
FT. LAUDERDALE, FL 33311 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: CD () Delete
Name: PEART, DENISE D
Address: 17100 NW 27TH AVE.
City-St-Zip: MIAMI, FL 33056

Title: P () Delete
Name: PEART, KENRICK L
Address: 17100 NW 27TH AVE.
City-St-Zip: MIAMI, FL 33056

Title: V () Delete
Name: PEART, KENRICK C
Address: 3640 NW 200 ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD () Delete
Name: PEART, KAYLA F
Address: 3640 NW 200 ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: PEART, DOROTHY
Address: 17100 NW 27TH AVE.
City-St-Zip: MIAMI, FL 33056

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KENRICK C PEART, JR

V

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date