

2002 UNIFORM BUSINESS REPORT (UBR)

0006891

DOCUMENT # N01000002835

1. Entity Name

GRACE BIBLE WAY HANDS ON OUTREACH MINISTRIES, INC.

FILED

03 JAN -2 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

17100 NW 27TH AVE.
MIAMI FL 33056

Mailing Address

4410 NW 187TH TERR.
MIAMI FL 33055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, IVORY
3571 NW 2ND ST.
FT. LAUDERDALE FL 33311

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: *Kenrick L Peart* President 12-27-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	PEART, DENISE D	
STREET ADDRESS	17100 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEART, KENDRICK L KENRICK	
STREET ADDRESS	17100 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLISSETT, HYACINTH D	
STREET ADDRESS	17100 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHINLUE, JUDITH	
STREET ADDRESS	17100 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000009866450	
CITY-ST-ZIP	01/08/03--01071--008 **236.25	
TITLE		<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Peart	
STREET ADDRESS	17100 NW 27th Avenue	
CITY-ST-ZIP	Miami FL 33056	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kayla Peart a/s	
STREET ADDRESS	17100 NW 27th Avenue	
CITY-ST-ZIP	Miami FL 33056	

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: *KENRICK L. Peart* President 12-27-02 305 625-5640

CR2E037 (4/02)