

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003238

FILED
Apr 17, 2009
Secretary of State

Entity Name: FOUNTAIN OF GRACE & MERCY MINISTRIES, INC.

Current Principal Place of Business:

4610 E. HANNA AVE.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

13606 PLATTE CREEK CIRCLE
CIR #1
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3712086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLUOKUN, REV. SUNDAY
13606 PLATTE CREEK CIR #1
TAMPA, FL 33612 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: OLUOKUN, SUNDAY
Address: 16820 STANZA COURT
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: OLUSANYA, OLUSOLA
Address: 14550 BRUCE B DOWNS BLVD #113
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: SANYA, ADENIKE
Address: 5659 KINGFISH DRIVE #D
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: FALETI, BOSUN
Address: 16550 FORESTLAKE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: OLUOKUN, ESTHER O
Address: 13606 PLATTE CREEK CR. #1
City-St-Zip: TAMPA, FL 336134337

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:

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: SUNDAY OLUOKUN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date