

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003467

FILED
May 06, 2002 8:00 AM
Secretary of State

Entity Name: GRACE INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

13950 MONTICELLO
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13950 MONTICELLO
DAVIE, FL 33325

New Mailing Address:

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

Name and Address of Current Registered Agent:

PHILIP, MANU
13950 MONTICELLO
DAVIE, FL 33325

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: PHILIP, MANU
Address: 13950 MONTICELLO
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: CHERIAN, JOHN
Address: 10620 NW 29 CT
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: GEEVARUGHESE, SAMJI
Address: 14116 LANGLEY PL
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: ZACHARIA, ALEX
Address: 4211 NW 110 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: ITTY, MATHEW
Address: 2937 NW 69 AVE
City-St-Zip: SUNRISE, FL 33313

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 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: MANU PHILIP

D

05/06/2002

Electronic Signature of Signing Officer or Director

Date