

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003467

FILED  
May 13, 2005  
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:** 65-1101642      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PHILIP, MANU  
13950 MONTICELLO  
DAVIE, FL 33325      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: 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: 11776 SW 1 STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

**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: JOHN CHERIAN

D

05/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date