

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004689

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMAZING GRACE WORLD MISSIONS INC.

Current Principal Place of Business:

2313 HOME AGAIN ROAD
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

2313 HOME AGAIN ROAD
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 56-2296563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCISQUE, NIXON
2313 HOME AGAIN ROAD
APOPKA, FL 32712 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: COOR () Delete
Name: FRANCISQUE, NIXON
Address: 2313 HOME AGAIN ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: S () Delete
Name: IFRAENNE, RUBIN
Address: 3631 SHALIMAR COURT
City-St-Zip: ORLANDO, FL 32818 US

Title: T () Delete
Name: MONPLAISIR, MYRLENE C
Address: 5407 CEDAR LANE
City-St-Zip: ORLANDO, FL 32811 US

Title: AT () Delete
Name: OCCENAT, JOEL
Address: 7649 TELFORD COURT
City-St-Zip: ORLANDO, FL 32818 US

Title: AS () Delete
Name: CAPI, KETTIA
Address: 5407 CEDAR LANE
City-St-Zip: ORLANDO, FL 32811 US

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: NIXON FRANCISQUE

COOR

04/28/2009

Electronic Signature of Signing Officer or Director

Date