2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# N02000003052

Entity Name: MY GRACE MINISTRIES INC.

Current Principal Place of Business:

P.O. BOX 4483
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4483
OCALA, FL 34478

New Mailing Address:

FEI Number: 04-3646141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, RICHARD
2600 SW 10 ST.,APT. 1405
OCALA, FL 34474 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: P ( ) Delete
Name: VAZQUEZ, RICHARD
Address: 2600 SW 10 ST., STE. 1405
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete
Name: PRYOR, MICHAEL
Address: 2433 NE 19TH CT.
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete
Name: VAZQUEZ, EVELYN
Address: 2600 SW 10 ST., STE. 1405
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete
Name: PEPPLER, PAULA
Address: 11657 SE HWY 301
City-St-Zip: BELLEVIEW, FL 34420

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: S (X) Change ( ) Addition
Name: VAZQUEZ, EVELYN
Address: 2600 SW 10TH STREET STE. 1405
City-St-Zip: OCALA, FL 34474

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: RICHARD VAZQUEZ P 02/12/2004

Electronic Signature of Signing Officer or Director — Date