

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90038 043 \*\*\*\*61.25

**DOCUMENT # N03000001429**

1. Entity Name

GRACE WORKS MINISTRIES, INC.



Principal Place of Business

153 SEVILLA AVE  
ROYAL PALM BEACH FL 33411

Mailing Address

153 SEVILLA AVE  
ROYAL PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

22-3895069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IACCARINO, MATTHEW J  
8422 GARGILL POINT  
ROYAL PALM BEACH FL 33411

Name **MATTHEW J. IACCARINO**

Street Address (P.O. Box Number is Not Acceptable)

**153 SEVILLA AVE**

City **ROYAL PALM BEACH, FL**

Zip Code **33411**

8. 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. I am familiar with, and accept the obligations of registered agent. **(ONLY ADDRESS CHANGE)**

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **IACCARINO, MATTHEW J**  
STREET ADDRESS **153 SEVILLA AVE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ Change ☒ Addition  
NAME **MARY LEE KRIEGER**  
STREET ADDRESS **741 BEECH RD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **V** ☐ Delete  
NAME **BLAKE, DAN**  
STREET ADDRESS **1626 SHAKER CIR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition  
NAME **ALICE RILEY**  
STREET ADDRESS **13170 69th ST N.**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete  
NAME **HERNANDEZ, ANNETTE**  
STREET ADDRESS **12416 KEY LIME BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **IACCARINO, MATTHEW A**  
STREET ADDRESS **8422 CARGILL PT**  
CITY-ST-ZIP **W PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **IACCARINO, LORELEI E**  
STREET ADDRESS **153 SEVILLA AVE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RILEY, BRUCE**  
STREET ADDRESS **13170 69TH ST N**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Matthew J. Iaccarino** **MATTHEW A. IACCARINO** **4/10/08** **561-795-1715**