

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003465

FILED
Jan 19, 2005
Secretary of State

Entity Name: GRACE AND MERCY INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5507 PEIRNE DR
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5507 PEIRNE DR
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 03-0536835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, LORENZO
5507 PEIRNE DR
ORLANDO, FL 32808 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: ED () Delete
Name: MILLER, LORENZO
Address: 5507 PEIRNE DR
City-St-Zip: ORLANDO, FL 32808

Title: PD () Delete
Name: MILLER, BRENDA
Address: 5507 PEIRNE DR
City-St-Zip: ORLANDO, FL 32808

Title: CD () Delete
Name: DONALDSON, ARTHUR
Address: 6463 POWERS POINT
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: MILLER, VALERIE
Address: 5507 PEIRNE DR
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: ANDERSON, TAMEKA
Address: 5507 PEIRNE DR
City-St-Zip: ORLANDO, FL 32808

Title: C () Delete
Name: BROWN, LATASHA
Address: 3057 WILLOE BEND BLVD
City-St-Zip: ORLANDO, FL 32808

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:

Title: C (X) Change () Addition
Name: BELL, GAIL
Address: 5507 PERRINE DRIVE
City-St-Zip: ORLANDO, FL 32808

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: LORENZO MILLER

ED

01/19/2005

Electronic Signature of Signing Officer or Director

Date