



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # NQ3000004282</b> 1. Entity Name <b>THE GRACE OF GOD MINISTRIES, INC.</b>						<b>FILED</b> <b>05 OCT -4 AM 9:59</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>12015 SW 188 TERR</b> <b>MIAMI, FL 33177-3244</b>				Mailing Address <b>12015 SW 188 TERR</b> <b>MIAMI, FL 33177-3244</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>NOT APPLICABLE</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BROWN, KERRY-ANN M</b> <b>12015 SW 188 TERR</b> <b>MIAMI, FL 33177-3244</b>				Name Street Address (P.O. Box Number is Not Acceptable) City			
				<b>FL</b> Zip Code			
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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	MD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, LORENZO A			NAME	P/D/C BROWN, LORENZO A.		
STREET ADDRESS	12015 SW 188 TERR			STREET ADDRESS	12015 S.W. 188 TERRACE		
CITY-ST-ZIP	MIAMI, FL 331773244			CITY-ST-ZIP	MIAMI, FL 33177		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYD, CHARLOTTE J			NAME			
STREET ADDRESS	13725 SW 90TH AVENUE #P202			STREET ADDRESS	400060211624		
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	10/04/05--01045--007 **\$61.25		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPFIELD, LINDA E			NAME	D CAMPFIELD, LINDA		
STREET ADDRESS	12015 SW 188 TERRACE			STREET ADDRESS	12015 SW 188 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP	MIAMI, FL 33177		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, KERRY-ANN			NAME	S/T/D BROWN, KERRY-ANN		
STREET ADDRESS	12015 SW 188 TERRACE			STREET ADDRESS	12015 SW 188 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP	MIAMI, FL 33177		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.							
<b>SIGNATURE: Kerry-Ann Brown</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>KERRY-ANN BROWN</b> <small>Date</small>			
				<b>9/30/05 (305) 324-4455</b> <small>Daytime Phone #</small>			