
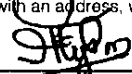


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90022 004 ****70.00

DOCUMENT # N03000006607 1. Entity Name INTERNATIONAL GRACE MINISTRIES, INC.					
Principal Place of Business 453 BRIDGE CREEK BLVD. OCOEE, FL 34761 US			Mailing Address 453 BRIDGE CREEK BLVD. OCOEE, FL 34761 US		
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	4. FEI Number 30-0197502	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ITTY, PLAVUNKAL M REV. 453 BRIDGE CREEK BLVD. OCOEE, FL 34761			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	MD ITTY, PLAVUNKAL M REV. 453 BRIDGE CREEK BLVD. OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. FINNY MATHEW 4443 CHALFONT DR.; ORLANDO, FL 32837.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITTY, ANNAMMA MRS. 453 BRIDGE CREEK BLVD. OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITTY, NOBY MR. 453 BRIDGE CREEK BLVD. OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, THOMAS MR. 5212 CYPRESS CREEK DR. ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, SUSAN MRS. 5212 CYPRESS CREEK DR. ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURUVILLA, JOHNY MR. 7108 CANTRELL CT. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  PLAVUNKAL M. ITTY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01-16-07 [407 654-9149] <small>Daytime Phone #</small>		

50000573



01152007 Chg-NP CR2E037 (12/06)

ATTACHMENT
50002573
#NO3060066607
International Grace Ministries, Inc.

453 Bridge Creek Blvd., Ocoee, FL 34761.

(407)-654-9149

Office-bearers for the year 2007

Managing Director: **Rev. Plavunkal M. Itty**
453 Bridge Creek Blvd.,
Ocoee, FL 34761.

Director: **Mr. Johny Kuruvilla**
7108 Cantrell Ct.,
Orlando, FL 32835.

Director: **Mr. Thomas Alexander**
2804 Cabernet Cir.,
Ocoee, FL 34761.

Director: **Mr. Finny Mathew**
4443 Chalfont Dr.,
Orlando, FL 32837.

Director: **Mr. Noby Itty**
3203 Crosspine Way, Apt. 205,
Orlando, FL 32829.

Director: **Mrs. Annamma Itty**
453 Bridge Creek Blvd.,
Ocoee, FL 34761.

Director: **Mrs. Susan Alexander**
2804 Cabernet Cir.,
Ocoee, FL 34761.