2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N03000006607

Entity Name: INTERNATIONAL GRACE MINISTRIES, INC.

Current Principal Place of Business:

453 BRIDGE CREEK BLVD.
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

453 BRIDGE CREEK BLVD.
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 30-0197502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ITTY, PLAVUNKAL M REV.
453 BRIDGE CREEK BLVD.
OCOEE, FL 34761 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:	MD	( ) Delete
Name:	ITTY, PLAVUNKAL M REV.	
Address:	453 BRIDGE CREEK BLVD.	
City-St-Zip:	OCOEE, FL 34761 US	
Title:	D	( ) Delete
Name:	ITTY, ANNAMMA MRS.	
Address:	453 BRIDGE CREEK BLVD.	
City-St-Zip:	OCOEE, FL 34761 US	
Title:	D	( ) Delete
Name:	ITTY, NOBY MR.	
Address:	12621 WEATHERFORD WAY	
City-St-Zip:	ORLANDO, FL 32832 US	
Title:	D	( ) Delete
Name:	ALEXANDER, THOMAS MR.	
Address:	2804 CABERNET CIR.	
City-St-Zip:	OCOEE, FL 34761 US	
Title:	D	( ) Delete
Name:	ALEXANDER, SUSAN MRS.	
Address:	2804 CABERNET CIR.	
City-St-Zip:	OCOEE, FL 34761 US	
Title:	D	( ) Delete
Name:	KURUVILLA, JOHNY MR.	
Address:	7108 CANTRELL CT.	
City-St-Zip:	ORLANDO, FL 32835 US	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PLAVUNKAL M. ITTY MD 03/16/2009

Electronic Signature of Signing Officer or Director — Date