

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000243

FILED
Jan 22, 2008
Secretary of State

Entity Name: GRACE FOR GLORY MINISTRIES, INC.

Current Principal Place of Business:

1082 EAGLE POINT DR.
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600157
JACKSONVILLE, FL 322600157

New Mailing Address:

FEI Number: 20-2292210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPE, KATHY
1082 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092 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: P () Delete
Name: COPE, KATHY R
Address: 1082 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP () Delete
Name: COPE, LAFAYETTE L
Address: 1082 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S () Delete
Name: MORRIS, SUSAN
Address: 1100 PAWNEE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: CATHY, PARKER
Address: 122 GLEN OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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:

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: KATHY COPE

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date