2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003177

FILED Apr 29, 2007 Secretary of State

Entity Name: FROM GRACE TO GLORY INTERNATIONAL MINISTRIES, INC.

Current P	rincipal Place of	Business:	New Princ	pal Place of Bus	iness:
568 PAYT MONTICE	ON RD ELLO, FL 32344				
Current Mailing Address:			New Mailing Address:		
568 PAYT MONTICE	ON RD ELLO, FL 32344				
FEI Number	: 20-2611283 I	FEI Number Applied For()	FEI Number Not Appli	cable () Cert	tificate of Status Desired (2
Name and	d Address of Cur	rent Registered Agent:	Name and	Address of New	Registered Agent:
568 PAYT	., CATHY C ON RD ELLO, FL 32344	US			
	e named entity sub e of Florida.	omits this statement for the p	ourpose of changing it	s registered office	or registered agent, or
	e of Florida.	omits this statement for the p	ourpose of changing it	s registered office	or registered agent, or
n the Stat	e of Florida. RE:	omits this statement for the positions of Registered Ago		s registered office	or registered agent, or Date
in the Stat	e of Florida. RE:	Signature of Registered Ago	ent		
in the Stati SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic	Signature of Registered Ago RS: lete C	ent	S/CHANGES TO	Date
in the Stat	e of Florida. RE: Electronic : S AND DIRECTO DP () De HARRELL, CATHY 568 PAYTON RD	Signature of Registered Age RS: lete C 32344 lete D D	ent ADDITION Title: Name: Address:	S/CHANGES TO (Date OFFICERS AND DIRE
in the Stati SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic : S AND DIRECTO DP () De HARRELL, CATHY 568 PAYTON RD MONTICELLO, FL DVT () De HARRELL, RONAL 568 PAYTON RD	Signature of Registered Age RS: lete C 32344 lete D D 32344	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO (() Char () Char	Date OFFICERS AND DIRECTORY ange () Addition ange () Addition ange () Addition

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: CATHY C. HARRELL MRS. 04/29/2007