2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N05000003177

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

Current Principal Place of Business:

568 PAYTON RD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

568 PAYTON RD
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 20-2611283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, CATHY C
568 PAYTON RD
MONTICELLO, FL 32344 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: DP ( ) Delete
Name: HARRELL, CATHY C
Address: 568 PAYTON RD
City-St-Zip: MONTICELLO, FL 32344

Title: DVT ( ) Delete
Name: HARRELL, RONALD D
Address: 568 PAYTON RD
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: MELEK, STANLEY REV
Address: P.O. BOX 600
City-St-Zip: LITEIN, BU 20210 KE

Title: DS ( ) Delete
Name: HAMMOND, DONALD P
Address: 33 RICHMOND RD. # 105
City-St-Zip: SAN ANSELMO, CA 94960

Title: MR. ( ) Delete
Name: AGUERO, JOHN
Address: 1741 BROOKSIDE BLVD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MRS. ( ) Delete
Name: AGUERO, DAWN
Address: 1741 BROOKSIDE BLVD.
City-St-Zip: TALLAHASSEE, FL 32301

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: CATHY C. HARRELL DP 02/24/2009

Electronic Signature of Signing Officer or Director — Date