

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000003961**

**1. Entity Name**  
**DIVINE GRACE & MERCY INTERNATIONAL MINISTRIES, INC**



**Principal Place of Business**  
**8033 BISCAYNE BLVD.**  
**MIAMI, FL 33150**

**Mailing Address**  
**P.O. BOX 380535**  
**MIAMI, FL 33238**



01302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-2672663**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDERSON, LARRY G P**  
**170 NW 92ND STREET**  
**MIAMI, FL 33150**

**DO NOT WRITE**  
**IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

U000000817767  
02/15/08-80015-023 61.25

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** ANDERSON, LARRY G  
**STREET ADDRESS** 170 NW 92ND STREET  
**CITY-ST-ZIP** MIAMI SHORES, FL 33150

**TITLE** VD  
**NAME** MOORE, XAVIER  
**STREET ADDRESS** 170 NW 92ND STREET  
**CITY-ST-ZIP** MIAMI SHORES, FL 33150

**TITLE** SD  
**NAME** CUNNINGHAM, BEVERLY  
**STREET ADDRESS** 170 NW 92ND STREET  
**CITY-ST-ZIP** MIAMI SHORES, FL 33150

**TITLE** D  
**NAME** PIERRE, FRED  
**STREET ADDRESS** 7601 NE MIAMI CT.  
**CITY-ST-ZIP** MIAMI, FL 33180

**TITLE** D  
**NAME** RITTER-TAYLOR, SHANRIKA  
**STREET ADDRESS** 15820 NW 39TH COURT  
**CITY-ST-ZIP** OPA LOCKA, FL 33054

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE**  
**IN THIS SPACE**

**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:** *L. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 30, 08* *305-754-4537*  
Date Daytime Phone #