


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90019 023 ****70.00

DOCUMENT # N05000005120 1. Entity Name GRACE AND MERCY -N- TRUTH MINISTRY INC.					
Principal Place of Business 5124 - 18TH LN E BRADENTON, FL 34203			Mailing Address 5124 - 18TH LN E BRADENTON, FL 34203		
2. Principal Place of Business - No P.O. Box # 4533 - 26th ST. W.		3. Mailing Address Suite, Apt. #, etc.			
City & State BRADENTON, FL		City & State Suite, Apt. #, etc.		4. FEI Number 11-3749793	
Zip 34208		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JAMES A SR. 5124 - 18TH LN E BRADENTON, FL 34203				7. Name and Address of New Registered Agent Name SAME AS #6 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, JAMES A SR. 5124 - 18TH LN E BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D WILLIAMS, JAMES A. SR. 5124 - 18TH LN E BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, RACHEL R 5124 - 18TH LN E BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D I T WILLIAMS, RACHEL R. 5124 - 18TH LN E. BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WHITE, RACHELLE 629 S. 800 W HEBRON, IN 46341	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D WHITE, RACHELLE 433 LAFAYETTE NORTH CMT FEITH, IN 46319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D GRISHAM, MARK P.O. BOX 60270 HOUSTON, TX 77205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D OWIENS, TERRY W. 2256 TFCOM BAROGA SCHERERVILLE, IN 46375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D WILLIAMS, DARRELL E. 6022 JULIANA AVE. PORTAGE, IN. 46368	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>James A. Williams Sr.</u> JAMES A. WILLIAMS SR. 4/3/07 941-737-1257					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					