

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005120

FILED
Apr 30, 2008
Secretary of State

Entity Name: GRACE AND MERCY -N- TRUTH MINISTRY INC.

Current Principal Place of Business:

4533 26TH ST. W
BRADENTON, FL 34208

New Principal Place of Business:

5124 - 18TH LANE
BRADENTON, FL 34203

Current Mailing Address:

5124 - 18TH LN E
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 11-3749793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, JAMES A SR.
5124 - 18TH LN E
BRADENTON, FL 34203 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: PD () Delete
Name: WILLIAMS, JAMES A SR.
Address: 5124 - 18TH LN E
City-St-Zip: BRADENTON, FL 34203

Title: VDT () Delete
Name: WILLIAMS, RACHEL R
Address: 5124 - 18TH LN E
City-St-Zip: BRADENTON, FL 34203

Title: SD () Delete
Name: WHITE, RACHELLE
Address: 629 S. 800 W
City-St-Zip: HEBRON, IN 46341

Title: VD () Delete
Name: GRISHAM, MARK
Address: P.O. BOX 60270
City-St-Zip: HOUSTON, TX 77205

Title: TD () Delete
Name: OWENS, TERRY W
Address: 2256 TICONDEROGA
City-St-Zip: SCHERERVILLE, IN 46375

Title: SD () Delete
Name: WILLIAMS, DARRELLE
Address: 6622 JULIANNA AVE
City-St-Zip: PORTAGE, IN 46368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WHITE, RACHELLE
Address: 433 NORTH LAFAYETTE
City-St-Zip: GRIFFITH, IN 46319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: OWENS, TERRY W
Address: 2256 TICONDEROGA STREET
City-St-Zip: SCHERERVILLE, IN 46375

Title: SD (X) Change () Addition
Name: WILLIAMS, DARRELL E
Address: 6622 JULIANNA AVE
City-St-Zip: PORTAGE, IN 46368

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: JAMES A. WILLIAMS SR.

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date