

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008201

FILED  
Jul 28, 2009  
Secretary of State

Entity Name: GRACE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

14129 S.W 149 PL  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

14129 S.W 149 PL  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 75-3199091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VOLTAIRE, JOHN K  
14129 S.W 149 PL  
MIAMI, FL 33196      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: P      ( ) Delete  
Name: VOLTAIRE, JOHN K  
Address: 14129 S.W 149 PL  
City-St-Zip: MIAMI, FL 33196

Title: VP      ( ) Delete  
Name: JEAN, WISLET  
Address: 12324 S.W. 202 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: D      ( ) Delete  
Name: VOLTAIRE, WISMITH  
Address: 12965 S.W. 207 LANE  
City-St-Zip: MIAMI, FL 33177

Title: SG      ( ) Delete  
Name: MARC, LOTI  
Address: 11050 S.W. 197 ST #301C  
City-St-Zip: MIAMI, FL 33157

Title: D      ( ) Delete  
Name: DUFREINE, ODILES  
Address: 12093 S.W. 251 TERR.  
City-St-Zip: MIAMI, FL 33032

**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:

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: JOHN K. VOLTAIRE

P

07/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date