

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005629

FILED
Mar 16, 2009
Secretary of State

Entity Name: BY THE GRACE OF GOD MINISTRIES, INC.

Current Principal Place of Business:

6400 N 15 ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1724 E. FERN ST
TAMP, FL 33610

New Mailing Address:

FEI Number: 20-4926337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWELL, FLORENCE
1742 E FERN ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

HOWELL, FLORENCE L
1742 E FERN ST
TAMPA, FL 33610 US

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: ABDUL MERIDA

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HOWELL, FLORENCE
Address: 1742 E FERN ST
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: EVERETT, MARIAN
Address: 4210 POWHATAN AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MERIDA, ABDUL
Address: 2530 REGAL RIVER RD.
City-St-Zip: VALRICO, FL 33594

Title: TRES () Delete
Name: MEGUIAR, JODY
Address: 4124 GRADSTONE PLACE
City-St-Zip: TAMPA, FL 33617

Title: S () Delete
Name: GRAYSON, DELILAH
Address: 3401 E. PARIS STREET
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HOWELL, FLORENCE
Address: 1742 E FERN ST
City-St-Zip: TAMPA, FL 33610

Title: PRES (X) Change () Addition
Name: MERIDA, ABDUL
Address: 2530 REGAL RIVER RD.
City-St-Zip: VALRICO, FL 33594

Title: MRS. (X) Change () Addition
Name: PERRY, LOVEDA
Address: 3705 MIRACLE TREE WAY
City-St-Zip: PLANT CITY, FL 33565-495

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

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

Title: MRS () Change (X) Addition
Name: DE IONG, DAWN
Address: 110 E. LURAY AVE
City-St-Zip: ALLEXANDER,, VA 22301

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: FLORENCE HOWELL

DR.

03/16/2009

Electronic Signature of Signing Officer or Director

Date