

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 026 ****70.00

DOCUMENT # N06000006482					
1. Entity Name MERCY AND GRACE MISSION MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 4550 OAKTON DR ORLANDO, FL 32818			Mailing Address 4550 OAKTON DR ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8118089	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, CHERYL B 4550 OAKTON DR ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name 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 CEO	NAME FRAZIER, CHERYL B	<input type="checkbox"/> Delete	TITLE TRUSTEE	NAME DIANA MANNING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4550 OAKTON DR	CITY-ST-ZIP ORLANDO, FL 32818		STREET ADDRESS 2403 N FOREST ST	CITY-ST-ZIP VALDOSTA 31602	
TITLE PRESIDENT	NAME KAPRES FRAZIER JR	<input type="checkbox"/> Delete	TITLE TRUSTEE	NAME KAPRES FRAZIER III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4550 OAKTON DR	CITY-ST-ZIP 32818		STREET ADDRESS 4550 OAKTON DR	CITY-ST-ZIP ORLANDO 32818	
TITLE V. PRES.	NAME CHARLES JACKSON	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6111 KOSTREEB CT	CITY-ST-ZIP 32808		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SGC.	NAME PAULINE JACKSON	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4111 KOSTREEB CT	CITY-ST-ZIP ORLANDO 32808		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TREAS.	NAME AUDREY JONES	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 608 MAGNOLIA CIR	CITY-ST-ZIP ATLANTA 30236		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TRUSTEE	NAME SANDRA HADLEY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1007 BROADWAY ST	CITY-ST-ZIP MD 20721		STREET ADDRESS 	CITY-ST-ZIP 	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 30 2007 - 407 2928713 <small>Date Daytime Phone #</small>		