

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010502

FILED
Jul 28, 2008
Secretary of State

Entity Name: OBYGRACE MINISTRIES, INC.

Current Principal Place of Business:

5195 CR 214
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2092
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

FLATBUSH, WILL
5195 CR 214
KEYSTONE HEIGHTS, FL 32656 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: FLATBUSH, WILL
Address: P.O. BOX 2092
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ST () Delete
Name: WRIGHT, LYNN
Address: P.O. BOX 2234
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: DECONNA, BILL PASTOR
Address: 5195 CR 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: JOHNSON, HENRY PASTOR
Address: 169 CECIL HOUSE
City-St-Zip: COONOR,INDIA 643101,

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:

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: WILL FLATBUSH

PVP

07/28/2008

Electronic Signature of Signing Officer or Director

Date