## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010502

Name:

Address:

City-St-Zip:

JOHNSON, HENRY PASTOR

COONOOR, INDIA 643101,

169 CECIL HOUSE

FILED Mar 25, 2009 Secretary of State

| Entity Na                                     | me: OBYGRAC  | E MINISTRIES, INC.               |   |  |  |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                                  | New Principal Place                         | New Principal Place of Business:             |  |
| 5195 CR 2<br>KEYSTON                          | 214<br>IE HEIGHTS, FL  | 32656                            |   |  |  |
| Current Mailing Address:                      |  |                                  | New Mailing Addres                          | New Mailing Address:                         |  |
| P.O. BOX<br>KEYSTON                           | 2092<br>IE HEIGHTS, FL                                       | 32656                            |   |  |  |
| FEI Number                                    | :  | FEI Number Applied For ( )       | FEI Number Not Applicable (X)               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address                            | Name and Address of New Registered Agent:    |  |
| FLATBUS<br>5195 CR 2<br>KEYSTON               |  | 32656 US                         |   |  |  |
|   | named entity sue of Florida.                                 | ıbmits this statement for the pu | urpose of changing its registere            | ed office or registered agent, or both,      |  |
| SIGNATU                                       | RE:  |                                  |   |  |  |
|   | Electronic   | Signature of Registered Age      | nt  | Date   |  |
| OFFICERS AND DIRECTORS:                       |  |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PVP () E<br>FLATBUSH, WILL<br>P.O. BOX 2092<br>KEYSTONE HEIG |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ST () E<br>WRIGHT, LYNN<br>P.O. BOX 2234<br>ALACHUA, FL 32   | Delete<br>2615                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D () E<br>DECONNA, BILL<br>5195 CR 214<br>KEYSTONE HEIG      |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:  | D ()[  | Pelete                           | Title:                                      | ( ) Change ( ) Addition                      |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM FLATBUSH CEO 03/25/2009