

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010502

FILED  
Mar 21, 2012  
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 ( )**

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

FLATBUSH, WILL  
5195 CR 214  
KEYSTONE HEIGHTS, FL 32656      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: CEO  
Name: FLATBUSH, WILL  
Address: P.O. BOX 2092  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: CFO  
Name: RAO, NIKHIL T  
Address: P.O. BOX 2092  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: CIO  
Name: DECONNA, BILL PASTOR  
Address: 5195 CR 214  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM FLATBUSH

CEO

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date