

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90158 012 \*\*\*\*61.25

**DOCUMENT # N21549**

1. Entity Name

**GRACE WORLD MISSIONS INTERNATIONAL, INCORPORATED**

Principal Place of Business

**GRACE WORLD MISSIONS INT'L. INC.**  
**15160 DURHAM LANE**  
**DAVIE FL 33331**  
**US**

Mailing Address

**KEN ALBIN**  
**15160 DURHAM LANE**  
**DAVIE FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALBIN, KEN**  
**15160 DURHAM LANE**  
**DAVIE FL 33331**

7. Name and Address of New Registered Agent

Name

**LISA ALBIN**

Street Address (P.O. Box Number is Not Acceptable)

**13501 N.W. 103<sup>rd</sup> Street**

**# 102**

City

**Pembroke Pines**

**FL**

Zip Code

**33028**

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.

SIGNATURE

*[Signature of Lisa Albin]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-16-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	YODER, CLOYDE E. JR.	
STREET ADDRESS	P.O. BOX 5048	
CITY-ST-ZIP	TRAVERSE CITY MI 49696-5048	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YODER, VERLIN A.	
STREET ADDRESS	3211 N. GARFIELD ROAD	
CITY-ST-ZIP	TRAVERSE CITY MI 49686	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANN, TIMOTHY A	
STREET ADDRESS	3211 N. GARFIELD ROAD	
CITY-ST-ZIP	TRAVERSE CITY MI 49686	
TITLE	T MYCA	<input type="checkbox"/> Delete
NAME	BELKNAP, MEGA	
STREET ADDRESS	3211 N. GARFIELD ROAD	
CITY-ST-ZIP	TRAVERSE CITY MI 49686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature of Verlin A. Yoder]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-16-02 (231) 313-7301**  
 Daytime Phone #

CR2E037 (9/01)