

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21549

FILED
Jan 13, 2004
Secretary of State

Entity Name: GRACE WORLD MISSIONS INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

GRACE WORLD MISSIONS INT'L. INC.
15997 SW 14 ST
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

15997 SW 14 ST
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 59-2829272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALBIN, LISA
15997 SW 14 ST
PEMBROKE PINES, FL 33027 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: PT () Delete
Name: YODER, CLOYDE E. JR.,
Address: P.O. BOX 5048
City-St-Zip: TRAVERSE CITY, MI 496965048

Title: ST () Delete
Name: YODER, VERLIN A.,
Address: 3211 N. GARFIELD ROAD
City-St-Zip: TRAVERSE CITY, MI 49686

Title: VP () Delete
Name: MANN, TIMOTHY A
Address: 3211 N. GARFIELD ROAD
City-St-Zip: TRAVERSE CITY, MI 49686

Title: T () Delete
Name: BELKNAP, MYCA
Address: 3211 N. GARFIELD ROAD
City-St-Zip: TRAVERSE CITY, MI 49686

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 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 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: MYCA BELKNAP

T

01/13/2004

Electronic Signature of Signing Officer or Director

Date