

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90103 028 ****70.00

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

KEM ALBIN
15160 DURHAM LANE
DAVIE FL 33331

2. Principal Place of Business

Grace World Missions INT'L. INC.

3. Mailing Address

15997 SW 14th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15997 SW 14 St

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FEI Number **59-2829272**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ALBIN, LISA
13501 NW 103 STREET
#102
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

Albin, Lisa

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

15997 SW 14 Street

City

Pembroke Pines

FL

Zip Code
33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **YODER, CLOYDE E. JR.**
STREET ADDRESS **P.O. BOX 5048**
CITY-ST-ZIP **TRAVERSE CITY MI 49696-5048**

TITLE **ST** ☐ Delete
NAME **YODER, VERLIN A.**
STREET ADDRESS **3211 N. GARFIELD ROAD**
CITY-ST-ZIP **TRAVERSE CITY MI 49686**

TITLE **VP** ☐ Delete
NAME **MANN, TIMOTHY A**
STREET ADDRESS **3211 N. GARFIELD ROAD**
CITY-ST-ZIP **TRAVERSE CITY MI 49686**

TITLE **T** ☐ Delete
NAME **BELKNAP, MYCA**
STREET ADDRESS **3211 N. GARFIELD ROAD**
CITY-ST-ZIP **TRAVERSE CITY MI 49686**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Myca A. Belknap (231)
Myca A. Belknap 1-20-03 313-7301

CR2E037 (10/02)