

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23702

FILED
May 15, 2007
Secretary of State

Entity Name: RIVERS OF GRACE MINISTRIES, INC.

Current Principal Place of Business:

7155 SW 47TH STREET
#310
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

18312 SW 94TH CT.
MIAMI, FL 331571753 US

New Mailing Address:

FEI Number: 65-0025405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARRERO, RADAMES
18312 SW 94 CT
MIAMI, FL 33157 US

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: PTRD () Delete
Name: MARRERO, RADAMES
Address: 18312 SW 94TH CT.
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: HERNANDEZ, RAUL V. PRES
Address: 4756 LUQUI CT
City-St-Zip: W. PALM BEACH, FL 33415

Title: DS () Delete
Name: MENDOZA, CARLOS
Address: 14601 SW 126 PL
City-St-Zip: MIAMI, FL 33186

Title: ADM () Delete
Name: MARRERO, NANCY ADMIN
Address: 18312 SW 94TH CT
City-St-Zip: MIAMI, FL 33157

Title: SEC () Delete
Name: TORRES, NORMA SEC
Address: 1302 7TH PLACE
City-St-Zip: CAPE CORAL, FL

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 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.

SIGNATURE: NANCY MARRERO

ADM

05/15/2007

Electronic Signature of Signing Officer or Director

_____ Date