## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23702

Apr 21, 2008 Secretary of State

Entity Name: RIVERS OF GRACE MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

7155 SW 47TH STREET 11989 SW 56 STREET #310 **REAR BUILDING** 

MIAMI, FL 33155 MIAMI, FL 33175

**Current Mailing Address: New Mailing Address:** 

18312 SW 94TH CT MIAMI, FL 331571753 US

FEI Number: 65-0025405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MARRERO, RADAMES 18312 SW 94 CT MIAMI, FL 33157

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: Title: (X) Change ( ) Addition ( ) Delete

HERNANDEZ, RAUL V. PRES Name: PEREZ, ALBERTO DIR Name: Address: 4756 LUQUI CT Address: 14216 SW 132 AVENUE City-St-Zip: W. PALM BEACH, FL 33415 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change ( ) Addition MENDOZA, CARLOS MENDOZA, CARLOS DIR Name: Name:

14601 SW 126 PL Address: Address: 14601 SW 126 PL City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: ADM () Delete Title: () Change () Addition

Name: MARRERO, NANCY ADMIN Name: Address: 18312 SW 94TH CT Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip:

Title: SEC (X) Delete Title: () Change () Addition

TORRES, NORMA SEC Name: Name: 1302 7TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 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 ADMI 04/21/2008