2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# N32128

Entity Name: GRACE MINISTRY OF FAITH INC.

Current Principal Place of Business:

P.O. BOX 759
FT. MYERS, FL 33902 US

New Principal Place of Business:

320 LOUISE AVE
FT. MYERS, FL 33902 US

Current Mailing Address:

P.O. BOX 759
FT. MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0120197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, GWENDOLYN
3451 EASTLAND ST.
FT. MYERS, FL 33916 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: PCEO ( ) Delete
Name: RADCLIFF, CARLTON
Address: P.O.BOX 759
City-St-Zip: FORT MYERS, FL 33902

Title: D ( ) Delete
Name: RADCLIFF, VONCILE
Address: P.O. BOX 759
City-St-Zip: FORT MYERS, FL 33902

Title: DS ( ) Delete
Name: HARRIS, GWENDOLYN
Address: P.O. BOX 759
City-St-Zip: FORT MYERS, FL 33902

Title: D ( ) Delete
Name: DONALDSON, WILLIE
Address: P.O. BOX 759
City-St-Zip: FORT MYERS, FL 33902

Title: D ( ) Delete
Name: SIMS, DAVID
Address: P.O. BOX 759
City-St-Zip: FT. MYERS, FL 33902

Title: D ( ) Delete
Name: POWELL, MARTHA
Address: P.O. BXO 759
City-St-Zip: FT. MYERS, FL 33902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: RADCLIFFE, CARLTON
Address: P.O.BOX 759
City-St-Zip: FORT MYERS, FL 33902

Title: DS (X) Change ( ) Addition
Name: RADCLIFFE, VONCILE
Address: P.O. BOX 759
City-St-Zip: FORT MYERS, FL 33902

Title: DTAS (X) Change ( ) Addition
Name: HARRIS, GWENDOLYN
Address: P.O. BOX 759
City-St-Zip: FORT MYERS, FL 33902

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: GWENDOLYN HARRIS DTAS 01/05/2004

Electronic Signature of Signing Officer or Director — Date