

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32128

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: GRACE MINISTRY OF FAITH INC.

## Current Principal Place of Business:

320 LOUISE AVE  
FT. MYERS, FL 33902 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 36-4529410

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:

RADCLIFFE, VONCILE W  
3314 APACHE STREET  
FT. MYERS, FL 33916 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: CARLTON J. RADCLIFFE

01/24/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TTP (X) Change ( ) Addition  
Name: JONES, SR., SPIKE TRUSTEE  
Address: P.O. BOX 759  
City-St-Zip: FORT MYERS, FL 33902

Title: TM (X) Change ( ) Addition  
Name: POWELL, MARTHA TRUSTEE  
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:

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: CARLTON RADCLIFFE

PCEO

01/24/2005

Electronic Signature of Signing Officer or Director

Date