2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N32128

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 ( )**
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:

RADCLIFFE, VONCILE W
3314 APACHE STREET
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:	RADCLIFFE, CARLTON PASTOR	
Address:	P.O.BOX 759	
City-St-Zip:	FORT MYERS, FL 33902	
Title:	TSM	( ) Delete
Name:	RADCLIFFE, VONCILE TRUSTEE	
Address:	P.O. BOX 759	
City-St-Zip:	FORT MYERS, FL 33902	
Title:	TTP	( ) Delete
Name:	JONES,SR., SPIKE TRUSTEE	
Address:	P.O. BOX 759	
City-St-Zip:	FORT MYERS, FL 33902	
Title:	TM	( ) Delete
Name:	POWELL, MARTHA TRUSTEE	
Address:	P.O. BOX 759	
City-St-Zip:	FORT MYERS, FL 33902	

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 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: VONCILE W. RADCLIFFE TSM 05/01/2006

Electronic Signature of Signing Officer or Director — Date