

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32128

FILED
Apr 30, 2007
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:

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: TT (X) Change () Addition
Name: WHITE, TINA TRUSTEE
Address: P.O. BOX 759
City-St-Zip: FORT MYERS, FL 33902

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: VONCILE W. RADCLIFFE

TS

04/30/2007

Electronic Signature of Signing Officer or Director

Date