## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2003 8:00 am Secretary of State

Ų.	MILOUM BOSINE	33 NEPUNI	(UDN)				OI N	·····	
DOCUMENT # N9400002886  1. Entity Name  GRACE CHURCH MINISTRY, INC.					]     	03-31-2003 9092	20 002 ***	*61.25	
			136	115					
Principal Place of Business GRACE CHURCH MINISTRY, INC. 18201 N.W. 37 AVE. MIAMI FL 33054 US		Mailing Address 3470 N.W. 171 TERR MIAMI FL 33056			 	LCSVGC		21 <b>0 f</b> iga i <b>t n</b> a	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		· _	4. FEI Number 65-0513166 Applied For Not Applied			oplied For ot Applicable	a ]
. Zip .	Country	Zip	Country		5. Certificate of	Status Desired	\$8:75 Ad Fee Require		7
	<ol><li>Name and Address of Current Re</li></ol>	egistered Agent			7. Name and A	dress of New Registered	i Agent		1
				Name					
WRIGHT, JAMES 3470 NW 171ST TER			Street Address (P.O. Box Number is Not Acceptable)						1
MAAM FL 33055									7
ر خر_ م			City			F	Zip Cod	16	7
8. 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. I am familiar with, and the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  PRESIDENT. TAMES WEIGHT  NOTE: Registered Agent signature required when remissioning)  PATE  PRESIDENT. TAMES WEIGHT  NOTE: Registered Agent signature required when remissioning)  PATE  PAT						to			
10.	OFFICERS AND DIRE	CTORS	11.		ODITIONS/CHAN	GES TO OFFICERS AND D	DIRECTORS IN	10	$\exists$
TITLE NAME	P WRIGHT, JAMES REV	☐ Celete	TITLE NAME		•		☐ Change	☐ Addition	16/64
STREET ADORESS CITY-ST-ZIP	3470 N.W. 171 TERR OPA LOCKA FL 33058		STREET ADDRESS CITY-ST-ZIP	}	•				1000
TITLE NAME STREET ADDRESS	S ANDERSON, MARGIE W 4275 N.W. 182 STREET	☐ Delete	TITLE NAME STREET ADDRESS	BOT RO	BERT Gi	LBERT 20TH CT.	☐ Change	Addition	16
CITY-ST-ZIP	MIAMI FL 33058		CITY-ST-ZIP	ומו	AA MAR	F1 33025	<u></u>		
TITLE	SEALS, MARY	Delete	1111LE 	1/50.	1		Change	Addition 🔀	- -
STREET ADDRESS	1791 N.W. 151 STREET		NAME STREET ADDRESS	1 2 X	TA ISS	ACE COS ST			
CITY-ST-ZIP	OPA LOCKA FL 33054	•	CITY-ST-ZIP		Am. Fl.				
TITLE	BOTP	Delete	TITLE	BOT			Change	Addition	1
NAME	BANKS, MARSHALL	,	NAME	RANI	KS MARS	HALL			
	20901 N.W.37 AVE.		STREET ADDRESS	2 89	roi NW 3	3/Ave			}
CITY-ST-ZIP	MIAMI FL 33058		CITY-ST-ZIP	Mi	mi, Fl.	3365V			1
TITLE	VP Wright, anna d	☐ Delete	TITLE	1			☐ Change	☐ Addition	
NAME STREET ADDRESS	3470 NORTHWEST 171ST TERRACI	E	NAME STREET ADDRESS			•	•		
CITY-ST-ZIP	MIAMI FL 33056		CITY-ST-ZIP	<b> </b>					1
TITLE	BOT SEALS, GAIL	Delete 1	TITLE				☐ Change	☐ AdditIon	1
NAME STREET ADDRESS	12601 N.W. 27TH AVE., APT. 312		NAME STREET ADORESS			•			
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP						

12. I hereby certify that the Information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONTURE AND TYPED OR PRINTED BARE OF SIGNING OFFICER OR DIRECTOR

3/27/03 (305)624-6171