

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003040**

1. Entity Name

**GRACE MINISTRIES INTERNATIONAL, INC.****FILED****May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90151 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**103 NORTH 7TH STREET  
LAKE CITY FL 32055****103 NORTH 7TH STREET  
LAKE CITY FL 32055-3809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3248360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMONIC, NICHOLAS T  
8280 PRINCETON SQUARE BLVD., WEST  
SUITE 5  
JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	JOYE, BARRY D.	NAME	
STREET ADDRESS	103 N 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BARBER, DAVID M	NAME	
STREET ADDRESS	2411 MCFARLANE AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SIMONIC, NICHOLAS T	NAME	
STREET ADDRESS	8467 SAN ARDO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	JOYE, LURONDA J	NAME	
STREET ADDRESS	% 103 NORTH 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CREWS, ELMER	NAME	
STREET ADDRESS	RT 10 BOX 810	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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:

**DAVID M. BARBER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

904-752-0923

Daytime Phone #

CR2E037 (9/99)