

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003040

FILED
Mar 11, 2009
Secretary of State

Entity Name: GRACE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

188 SW SANDPIPER COURT
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7408
LAKE CITY, FL 320557408 US

New Mailing Address:

FEI Number: 59-3248360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, DAVID M
188 SW SANDPIPER COURT
LAKE CITY, FL 32025 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: D () Delete
Name: JOYE, DONALD K SR
Address: 291 SW HARBOR LANE
City-St-Zip: LAKE CITY, FL 32024 US

Title: D () Delete
Name: MABILE, PAUL
Address: 1120 SW HOPE HENRY STREET
City-St-Zip: LAKE CITY, FL 32025 US

Title: D () Delete
Name: BARBER, DAVID M
Address: 188 SW SANDPIPER COURT
City-St-Zip: LAKE CITY, FL 32025 US

Title: D () Delete
Name: JOYE, BARRY D
Address: 10153 W. US HWY 90
City-St-Zip: LAKE CITY, FL 32055 US

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 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: DAVID BARBER

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date