


**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90023 030 \*\*\*\*70.00

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N94000004742</b>			
1. Entity Name <b>GRACE OF ETERNAL LIFE MINISTRIES, INC.</b>			
Principal Place of Business <b>2601 N.W. 19TH AVE OAKLAND PARK, FL 33069 33311</b>		Mailing Address <b>2601 N.W. 19TH AVE 2338 N.W. 3RD STREET OAKLAND PARK, FL 33069 33311</b>	
CORRECTION PLEASE WRONG ADDRESS ABOVE			
2. Principal Place of Business <b>2601 N.W. 19th Ave.</b>		3. Mailing Address <b>2601 N.W. 19th Ave.</b>	
City & State <b>Oakland Park FLA</b>		City & State <b>Oakland Park FLA</b>	
Zip <b>33334</b>		Zip <b>33334</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOOKER, AARON 545 NW 46TH TERR PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent Signature required when reinstating)	
DATE		DATE	
Filing Fee is \$61.25 Due by May 7, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	D
NAME	NORTON, AGNES	NAME	Leggett, Lee
STREET ADDRESS	1324 S.W. 44TH AVENUE	STREET ADDRESS	1308 AVON LANE #111
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317	CITY-ST-ZIP	North Lauderdale, FL 33068
	Secretary		Director
TITLE	D	TITLE	D
NAME	CHARLES VIRGINIA	NAME	Charles Green
STREET ADDRESS	2338 N.W. 3RD STREET	STREET ADDRESS	832 NW 16th Terr
CITY-ST-ZIP	OAKLAND PARK, FL 33069	CITY-ST-ZIP	Fort Laud FL 33311
	Director		Director
TITLE	D	TITLE	D
NAME	CROPPER, VELMA	NAME	Andrew Soares
STREET ADDRESS	889 RIVERSIDE DRIVE	STREET ADDRESS	685 NW 26th Sunrise
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	FL 33323
	Director		Director
TITLE	P	TITLE	
NAME	BOOKER, AARON-BISHOP	NAME	
STREET ADDRESS	545 NW 46TH TERR	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	BOOKER, BRENDA	NAME	
STREET ADDRESS	545 NW 46TH TERR	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CAMPBELL, RALPH	NAME	
STREET ADDRESS	1224 N.W. 15th Terr.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FLA. 33311	CITY-ST-ZIP	
	Director		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: <i>[Signature]</i>		SIGNATURE: <i>[Signature]</i>	
Date: 7/18/04		Date: 7/18/04	
Phone: 954-566-4409		Phone: 954-566-4870	

attachment

66431417



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 23, 2004

GRACE OF ETERNAL LIFE MINISTRIES, INC.  
2601 N.W. 19TH AVE  
OAKLAND PARK, FL ~~33334~~ 33311

Subject: GRACE OF ETERNAL LIFE MINISTRIES, INC.

Reference Number: N94000004742

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH  
ANNUAL REPORTS SECTION