


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004742 1. Entity Name GRACE OF ETERNAL LIFE MINISTRIES, INC.	
---	---

Principal Place of Business 2601 N.W. 19TH AVE OAKLAND PARK FL 33311	Mailing Address 2601 N.W. 19TH AVE OAKLAND PARK FL 33311
--	--



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOOKER, AARON 545 NW 46TH TERR. PLANTATION FL 33317
--

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DS <input type="checkbox"/> Delete NORTON, AGNES STREET ADDRESS: 1324 S.W. 44TH AVENUE CITY-ST-ZIP: FT. LAUDERDALE FL 33317
TITLE	D <input type="checkbox"/> Delete LEGGETT, LEE STREET ADDRESS: 1308 AVON LANE #111 CITY-ST-ZIP: NORTH LAUDERDALE FL 33068
TITLE	P <input type="checkbox"/> Delete BOOKER, AARON BISHOP STREET ADDRESS: 545 NW 46TH TERR CITY-ST-ZIP: PLANTATION FL 33317
TITLE	V <input type="checkbox"/> Delete BOOKER, BRENDA STREET ADDRESS: 545 NW 46TH TERR CITY-ST-ZIP: PLANTATION FL 33317
TITLE	D <input type="checkbox"/> Delete CAMPBELL, RALPH STREET ADDRESS: 1224 NW 15TH TERR CITY-ST-ZIP: FT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete CROPPER, VELMA STREET ADDRESS: 889 RIVERSIDE DRIVE CITY-ST-ZIP: FT LAUDERDALE FL 33312

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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: *Aaron Booker* / *AARON BOOKER* Date: _____ Daytime Phone: _____