

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90004 038 \*\*\*\*61.25



**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**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E037 (10/07)

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

4. FEI Number: **NO-T APPLICABLE**  
Applied For:  Not Applicable

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

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reconstituting) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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
NAME	NORTON, AGNES	
STREET ADDRESS	1324 S.W. 44TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOOKER, AARON BISHOP	
STREET ADDRESS	545 NW 46TH TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOOKER, BRENDA	
STREET ADDRESS	545 NW 46TH TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, RALPH	
STREET ADDRESS	1224 NW 15TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROPPER, VELMA	
STREET ADDRESS	889 RIVERSIDE DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 exemptions contained in Section 119, 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*

*2-8-08 754-5843966*