

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91408 033 ****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 33069**

Mailing Address
**% VIRGINIA O'NEAL
2739 N.W. 3RD STREET
POMPANO BEACH FL 33069**



2. Principal Place of Business
2601 N.W. 19th Ave.
Suite, Apt. #, etc.

3. Mailing Address
2601 N.W. 19th Ave.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
OAKLAND PARK, FLA.
Zip
33334
Country
BROWARD

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OAKLAND PARK, FLA.
Zip
33334
Country
BROWARD

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BOOKER, AARON
2601 N.W. 19TH AVE
OAKLAND PARK FL 33069**

7. Name and Address of New Registered Agent
Name **Aaron Booker**
Street Address (P.O. Box Number is Not Acceptable)
545 NW 46th Terr.
City **Plantation** FL Zip Code **33317**

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

4/23/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	NORTON, AGNES	
STREET ADDRESS	1324 S.W. 44TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, VIRGINIA	
STREET ADDRESS	2739 N.W. 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROPPER, VELMA	
STREET ADDRESS	889 RIVERSIDE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
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		<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 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: *Virginia O'Neal* **REQUIRED**

4/23/03 954-956-8771

CR2E037 (10/02)