

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

City & State

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.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/03**

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** ☐ **Delete**
NAME **NORTON, AGNES**
STREET ADDRESS **1324 S.W. 44TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33317**

TITLE **D** ☐ **Delete**
NAME **O'NEAL, VIRGINIA**
STREET ADDRESS **2739 N.W. 3RD STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ **Delete**
NAME **CROPPER, VELMA**
STREET ADDRESS **889 RIVERSIDE DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **P** ☐ **Delete**
NAME **BOOKER, AARON BISHOP**
STREET ADDRESS **545 NW 46TH TERR**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **V** ☐ **Delete**
NAME **BOOKER, BRENDA**
STREET ADDRESS **545 NW 46TH TERR**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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)