

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003061 (7)

1. Corporation Name
GOD'S ABUNDANT GRACE MINISTRIES, INC.



Principal Place of Business Mailing Address
1740 NW 46 ST. MIAMI FL 33142 1740 NW 46 ST. MIAMI FL 33142

3. Date Incorporated or Qualified 06/27/1995
3a. Date of Last Report
4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Same 26 Same
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
Miami Miami, Fla
24 Zip 25 Country 29 Zip 30 Country
33142 DDDE 33142 DDDE

9. Name and Address of Current Registered Agent
BROWN, YVONNE
1740 NW 46 ST.
MIAMI FL 33142

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Yvonne Brown* DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SAMUEL, MILTON A SR.	
STREET ADDRESS	1740 NW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SAMUEL, GRACE A SR.	
STREET ADDRESS	1740 NW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BROWN, YVONNE	
STREET ADDRESS	620 NW 75TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOLMES, BEATRICE	
STREET ADDRESS	1255 SW 1 ST.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	600001795786
43 STREET ADDRESS	-04/26/96--01027--004
44 CITY-ST-ZIP	***70.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yvonne Brown* Date: 4/15/96 Daytime Phone #

CR2E037 (12/95)