

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0039841

04-04-2001 90107 024 ****61.25

DOCUMENT # N95000003061

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0592059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, YVONNE
 1740 NW 46 ST.
 MIAMI FL 33142

Name

YVONNE BROWN

Street Address (P.O. Box Number is Not Acceptable)

1515 NE 152 TERR

City

NO MIz Bch

FL

Zip Code

33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP SAMUEL, MILTON A SR.**
 STREET ADDRESS **1740 NW 46 ST.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV SAMUEL, GRACE A SR.**
 STREET ADDRESS **1740 NW 46 ST.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE Change Addition
 NAME **BY SAMUEL, ANGELA R.**
 STREET ADDRESS **1740 NW 46 STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE Delete
 NAME **DT BROWN, YVONNE**
 STREET ADDRESS **620 NW 75TH ST.**
 CITY-ST-ZIP **MIAMMI FL 33150**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS HOLMES, BEATRICE**
 STREET ADDRESS **1255 SW 1 ST.**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 March 01

CR2E037 (10/00)