2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003061

Entity Name: GOD'S ABUNDANT GRACE MINISTRIES, INC.

FILED Feb 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1740 NW 46 ST. MIAMI, FL 33142

Current Mailing Address: New Mailing Address:

1740 NW 46 ST. MIAMI, FL 33142

FEI Number: 65-0592059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, YVONNE 1545 NE 152 TERR NORTH MIAMI BEACH, FL 33762 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition

 Title:
 DP () Delete
 Title:
 DP (X) Chang

 Name:
 SAMUEL, MILTON A SR.
 Name:
 SAMUEL, ANGELIA R

 Address:
 1740 NW 46 ST.
 Address:
 1740 NW 46 ST.

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:
 MIAMI, FL 33142

Title: DV () Delete Title: DV (X) Change () Addition Name: SAMUEL, ANGELIA R Name: BROWN, YVONNE

Address: 1740 NW 46 ST. Address: 620 NW 75 STREET City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33150

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 BROWN, YVONNE
 Name:
 HOLMES, BEATRICE

 Address:
 620 NW 75TH ST.
 Address:
 1255 SW 1 ST

 City-St-Zip:
 MIAMMI, FL 33150
 City-St-Zip:
 MIAMMI, FL 33136

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 HOLMES, BEATRICE
 Name:
 MCGRIFF, ROBERT

 Address:
 1255 SW 1 ST.
 Address:
 318 NE 83 STREET

 City-St-Zip:
 MIAMI, FL 33136
 City-St-Zip:
 MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE BROWN DV 02/07/2004