

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 06, 2007
Secretary of State**

DOCUMENT# N95000003061

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

Current Principal Place of Business:

1740 NW 46 ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1740 NW 46 ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0592059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAMUEL, ANGELIA R
Address: 1740 NW 46 ST.
City-St-Zip: MIAMI, FL 33142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Delete
Name: BROWN, YVONNE
Address: 620 NW 75 STREET
City-St-Zip: MIAMI, FL 33150

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Delete
Name: HOLMES, BEATRICE
Address: 1255 SW 1 ST
City-St-Zip: MIAMMI, FL 33136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Delete
Name: ANGELA, SAMUELS
Address: 318 NE 83 STREET
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANGELA SAMUELS

DS

06/06/2007

Electronic Signature of Signing Officer or Director

_____ Date