

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003061

FILED
May 12, 2009
Secretary of State

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:

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

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change () Addition
Name: ROBERT, MC.GRIFF
Address: 318 NE 83 STREET
City-St-Zip: MIAMI, FL 33138

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

DP

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date