

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002775

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: NEW LIFE OF GRACE MINISTRIES, INC.

Current Principal Place of Business:

1801 NW 2 TER
POMPAN0 BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1801 NW 2 TER
POMPAN0 BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0676779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLEOD, JOHN A
1801 NW 2 TER
POMPAN0 BEACH, FL 33060

Name and Address of New Registered Agent:

MCCLEOD, VICTOR B
1801 NW 2 TER
POMPAN0 BEACH, FL 33060

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: VICTOR B MCCLEOD

01/11/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: FULTON, FREDDIE L
Address: 300 NW 21 AVE
City-St-Zip: POMPAN0 BEACH, FL

Title: SD () Delete
Name: MCCLEOD, VICTOR B
Address: 997 N POWERLINE RD
City-St-Zip: POMPAN0 BEACH, FL

Title: PD () Delete
Name: MCCLEOD, JOHN A
Address: 1801 NW 2 TERR
City-St-Zip: POMPAN0 BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Change (X) Addition
Name: FULTON, FREDDIE L
Address: 300 NW 21ST AVENUE
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: SD () Change (X) Addition
Name: LOVE, RUTHIE L
Address: 2773 NW 5TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: PD () Change (X) Addition
Name: MCCLEOD, VICTOR B
Address: 1801 NW 2 TERRACE
City-St-Zip: POMPAN0 BEACH, FL 33060

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

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

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

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: VICTOR B MCCLEOD

PD

01/11/2002

Electronic Signature of Signing Officer or Director

Date