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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000058 (4)**

1. Corporation Name

**GRACE MINISTRIES INTERNATIONAL OUTREACH, INC.**



Principal Place of Business

Mailing Address

**3751 NW 94TH AVE.  
HOLLYWOOD FL 33024**

**5722 S. FLAMINGO ROAD, SUITE 148  
FT. LAUDERDALE FL 33330**

3. Date Incorporated or Qualified **12/31/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

4. FEI Number

Applied For

**65-0722978**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**SHAFFER, PAUL A  
5024 SW 89TH AVE.  
COOPER CITY FL 33328**

81 Name **Paul A. Shaffer**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5722 S. Flamingo Rd. Suite 148**

84 City **Ft. Lauderdale,**

**FL**

85 Zip Code  
**33330**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Paul A. Shaffer*

**Paul A Shaffer, Vice President**

**March 7, 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, EARL M III</b>
STREET ADDRESS	<b>5722 S. FLAMINGO ROAD SUITE 148</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33330</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, ANITA</b>
STREET ADDRESS	<b>5722 S. FLAMINGO ROAD SUITE 148</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33330</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHAFFER, PAUL A</b>
STREET ADDRESS	<b>5722 S. FLAMINGO ROAD SUITE 148</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33330</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHAFFER, NANCY</b>
STREET ADDRESS	<b>5722 S. FLAMINGO ROAD SUITE 148</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33330</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D,P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Johnson, Earl M III</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D,S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Johnson, <del>XXX</del> Annita</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D,V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Shaffer, Paul A</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Shaffer, Nancy</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul A. Shaffer* **Paul A Shaffer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/97**

Date

**954 431-0101**

Daytime Phone # **0001098**