

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003305

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** THRONE OF GRACE MINISTRIES INC.

**Current Principal Place of Business:**

1408 55TH AVENUE WEST  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 11256  
BRADENTON, FL 342821256 US

**New Mailing Address:**

**FEI Number:** 65-0765291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WOOTEN, STANLEY E  
2605 MARTIN ST  
SARASOTA, FL 34237 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: P ( ) Delete  
Name: WOOTEN, STANLEY E PASTOR  
Address: 1408 55TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34207

Title: VP ( ) Delete  
Name: WOOTEN, RUTH A PASTOR  
Address: 1408 55TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34207

Title: D ( ) Delete  
Name: WOOTEN, GERALD  
Address: 9607 MIDDLE RIDGE CT  
City-St-Zip: BRANDYWINE, MD 20613

Title: D ( ) Delete  
Name: ANDREWS, LEMUEL  
Address: 5332 LAKEHURST COURT  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: BEACHY, NANCY  
Address: 5178 ROCKING HORSE LANE  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: KNOX, HOMER  
Address: 21 NAOMI AVE  
City-St-Zip: LANDISVILLE, PA 17538

**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: ( ) 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 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: STANLEY E WOOTEN

P

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date