

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005370

1. Entity Name

WAY OF GRACE MINISTRIES, INC.

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90046 038 \*\*\*\*61.25

Principal Place of Business

9157 PRISTINE CIRCLE  
ORLANDO FL 32818

Mailing Address

9157 PRISTINE CIRCLE  
ORLANDO FL 32818

2. Principal Place of Business

1045 W Orange Blossom  
Suite, Apt. #, etc. Trail

3. Mailing Address

1045 W. ORANGE Blossom  
Suite, Apt. #, etc. Trail



DO NOT WRITE IN THIS SPACE

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

59-3468595

Applied For

Not Applicable

Zip

Country

32712 Orange

Zip

Country

32712 Orange

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATTOX, DANIEL W  
1045 W ORANGE BLOSSOM TRAIL  
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATTOX, REV. DANIEL W  
9157 PRISTINE CIRCLE  
ORLANDO FL 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOPEZ, HECTOR SR  
5807 FOX HUNT TRAIL  
ORLANDO FL 32809 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REID, SYDNEY  
5855 INGRAM RD  
APOPKA FL 32703 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

12. I 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 report or supplemental 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-10 or Block-11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

1/8/2002

CR2E037 (9/01)