


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005370	
1. Entity Name WAY OF GRACE MINISTRIES, INC.	

Principal Place of Business 8550 CLARCONA-OCOEE ROAD ORLANDO, FL 32818	Mailing Address 8550 CLARCONA-OCOEE ROAD ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3468595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATTOX, DANIEL W 8550 CLARCONA-OCOEE RD. ORLANDO, FL 32818

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11111111111111111111 03/29/06-80041-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTOX, REV. DANIEL W 9157 PRISTINE CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, HECTOR SR 12151 WOODGLEN CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, SYDNEY 5855 INGRAM RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Daniel W. Mattox* 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #