

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005370

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: WAY OF GRACE MINISTRIES, INC.

**Current Principal Place of Business:**

8550 CLARCONA-OCOEE ROAD  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

8550 CLARCONA-OCOEE ROAD  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 59-3468595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATTOX, DANIEL W  
8550 CLARCONA-OCOEE RD.  
ORLANDO, FL 32818 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: D ( ) Delete  
Name: MATTOX, REV. DANIEL W  
Address: 9157 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: LOPEZ, HECTOR SR  
Address: 12151 WOODGLEN CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: REID, SYDNEY  
Address: 5855 INGRAM RD  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: BARRETT, EUGENE  
Address: 7706 DOE RUN  
City-St-Zip: ORLANDO, FL 32810

**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:

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: DANIEL W MATTOX

REV.

03/05/2009

Electronic Signature of Signing Officer or Director

Date