

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 01, 2009
Secretary of State

DOCUMENT# N97000005370

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:**GILLIS, ROBERT A
8550 CLARCONA-OCOEE RD.
ORLANDO, FL 32818 US

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: REV. ROBERT A. GILLIS

09/01/2009

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: D (X) Change () Addition
Name: GILLIS, ROBERT A REV
Address: 324 W. WILLIAM AVENUE
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: ANDREWS, PATRICIA
Address: 753 PATRIOTS POINT DRIVE
City-St-Zip: OCOEE, FL 34761 33

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAMMOCK, PATRICIA K
Address: 5509 BRYSON DRIVE
City-St-Zip: ORLANDO, FL 32818

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: ROBERT A. GILLIS

REV

09/01/2009

Electronic Signature of Signing Officer or Director

Date