2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008
Secretary of State

DOCUMENT# N97000006466

Entity Name: GRACE AND TRUTH OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

749 N.W. 62ND STREET
MIAMI, FL 33051

New Principal Place of Business:

Current Mailing Address:

1220 PERI STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0796198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, RONALD
1220 PERI STREET
OPA LOCKA, FL 33054 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: PD ( ) Delete
Name: JOHNSON, RONALD
Address: 1220 PERI STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete
Name: JOHNSON, POLLY
Address: 1220 PERI STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete
Name: JACKSON, CYNTHIA
Address: 2030 NW 204TH ST.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S ( ) Delete
Name: JAMES/EVE, ALFREDA
Address: 2102 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete
Name: LONG, KEVIN P
Address: 1550 NW 55TH TERR.
City-St-Zip: MIAMI, FL 33142

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:

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: POLLY JOHNSON S 09/09/2008

Electronic Signature of Signing Officer or Director — Date