

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006466

FILED
May 07, 2003
Secretary of State

Entity Name: GRACE AND TRUTH OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

13720 NW 22 AVE.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13720 NW 22 AVE.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0796198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 13720 NW 22 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: T () Delete
Name: LONG, KEVIN
Address: 1219 NW 68 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: JOHNSON, POLLY A
Address: 13720 NW 22 AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: T () Delete
Name: JACKSON, CYNTHIA
Address: 4460 NW 178TH ST.
City-St-Zip: OPA LOCKA, FL 33055

Title: S () Delete
Name: BYAERS, LINDA
Address: 8102 NW 23 AVE.
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: LONG, TABITHA
Address: 1218 NW 68 TERRACE
City-St-Zip: MIAMI, FL 33147

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: S (X) Change () Addition
Name: ALFREDA, JEFFERIES
Address: 5610 NW 13TH AVENUE
City-St-Zip: MIAMI, FL 33147

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFREDA JEFFERIES

S

05/07/2003

Electronic Signature of Signing Officer or Director

Date