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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90004 048 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000002104**

1. Corporation Name

**SEEDS OF GRACE MINISTRIES, INC.**

Principal Place of Business  
**194 NE 33RD ST.  
FT. LAUDERDALE FL 33334-1142**

Mailing Address  
**194 NE 33RD ST.  
FT. LAUDERDALE FL 33334-1142**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

**04/10/1998**

4. FEI Number

**65-0831412**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, MAUDY  
1445 NW 6TH AVENUE  
FORT LAUDERDALE FL 33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BROWN, MAUDY**  
STREET ADDRESS **1445 NW 6TH AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SHELTON, ANTHONY**  
STREET ADDRESS **4800 NW 18 STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **WALTOWER, GRACIE**  
STREET ADDRESS **3430 NW 31ST AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

3.1 TITLE **Andrea Hadden** ☒ Change ☒ Addition  
3.2 NAME **843 NW 81st Ave**  
3.3 STREET ADDRESS **Plantation FL 33324**  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **INGRAM, ANNIE**  
STREET ADDRESS **1600 NW 69TH STREET**  
CITY-ST-ZIP **MARGATE FL 33063**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maudy Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/99*  
Date

*5255732*  
Daytime Phone #

CR2E037 (11/98)