

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002104

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0831412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME Andrea Hadden  
STREET ADDRESS 843 NW 8th Avenue  
CITY-ST-ZIP Plantation FL 33324

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

4/15/00

Date

5255732

Daytime Phone #

CR2E037 (9/99)

FILED  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90565 047 \*\*\*\*62.25



DO NOT WRITE IN THIS SPACE