

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002104**

1. Entity Name

SEEDS OF GRACE MINISTRIES, INC.**FILED**
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90205 034 ****61.25

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
After September 12, 2001, min. will be \$236.25**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-ZIPTITLE **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-ZIPTITLE **D** ☐ Delete
NAME **HADDEN, ANDREA**
STREET ADDRESS **843 NW 81TH AVENUE**
CITY-ST-ZIP **PLANTATION FL 33324**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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* **NOT REQUIRED**

8/20/2001 954 5750732

CR2E037 (5/01)