

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000001932**1. Entity Name  
RIVER OF GRACE MINISTRIES INC.

Principal Place of Business 7409 S 301  RIVERVIEW 33569	FL	Mailing Address P O BOX 1573  RIVERVIEW 33569	FL
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2. Principal Place of Business 3104 BUCKRUN DR	3. Mailing Address P O BOX 2075
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BRANDON FL	City & State BRANDON FL
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Zip 33511	Country	Zip 335092075	Country
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4. FEI Number <b>56-1968648</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  ATKINS ROBERT E 3104 BUCKRUN DR  BRANDON FL 33511	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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	01/11/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> ROBIN ATKINS	VCP	01/11/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)