


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90222 027 ****61.25

DOCUMENT # N99000004957

1. Entity Name
GRACE ECONOMIC DEVELOPMENT, INC.



Principal Place of Business Mailing Address
3451 N.W. 207TH ST. **3451 N.W. 207TH ST.**
OPA LOCKA FL 33056 **OPA LOCKA FL 33056**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0946290** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, ANNETTE
3451 N.W. 207TH ST.
OPA LOCKA FL 33056

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, ANNETTE	
STREET ADDRESS	3451 N.W. 207TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, CAROLYN	
STREET ADDRESS	3451 N.W. 207TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, WILLIE H	
STREET ADDRESS	18005 N.W. 44TH COURT	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Annette Anderson* **REQUIRED** *Annette Anderson* 4-15-03 305-626-4424

CR2E037 (10/02)