

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765611

**Entity Name:** SPIRIT OF GRACE MINISTRIES, INC

**Current Principal Place of Business:**

16630 SW WARFIELD BLVD  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O. BOX 667  
INDIANTOWN, FL 34956

**FEI Number:** 59-2465713

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CONE, CLAUDEAN  
1629 LAUREL LEAF LANE  
APT. B  
FORT PIERCE, FL 34950 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CONE, CLAUDEAN  
Address 1629 LAUREL LEAF LANE  
City-State-Zip: FORT PIERCE FL 34950

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUDEAN CONE

PASTOR

02/24/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date