

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004654

Entity Name: UNDER HIS INFINITE GRACE MINISTRY INC.**Current Principal Place of Business:**8181 NORTH PINE ISLAND RD
TAMARAC, FL 33321**Current Mailing Address:**7411 NW 76TH STREET
TAMARAC, FL 33321 US**FEI Number: 55-0835813****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COLLAZO, ROSABEL
11330 NW 32ND MANOR
BLDG. 20, APT. #311
SUNRISE, FL 33323 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	DIR
Name	CRUZ, SAMUEL EPRES
Address	6161 NW 57TH COURT, BLDG. 20 APT. 311
City-State-Zip:	TAMARAC 33319

Title	T
Name	CONE, XAVIOUS R
Address	3548 JACKSON BLVD
City-State-Zip:	FT LAUDERDALE FL 33312

Title	ASST TREA
Name	COLLAZO, ROSABEL
Address	11330 NW 32ND MNR
City-State-Zip:	SUNRISE FL 33323

Title	PASTOR
Name	CASTRO, DANNETTE MTREAS
Address	7411 N.W. 76TH STREET
City-State-Zip:	TAMARAC FL 33321

Title	PASTOR
Name	CIFUENTES, CESARIO M
Address	7411 NW 76TH STREET
City-State-Zip:	TAMARAC FL 33321

Title	S
Name	HUGHES, MEGAN
Address	8020 N COLONY CR APT 101
City-State-Zip:	TAMARAC FL 33321

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: XAVIOUS CONE**DIRETOR****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date