## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001397

Entity Name: ALL GRACE MINISTRIES INC.

**Current Principal Place of Business:** 

3058 W. BROWARD BLVD SUITE 2 FORT LAUDERDALE. FL 33312

**Current Mailing Address:** 

3058 W. BROWARD BLVD SUITE 2 FORT LAUDERDALE, FL 33312 US

FEI Number: 36-4761957 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALLI, JOHN 1112 SW 25 AVENUE FORT LAUDERDALE, FL 33312 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:

Title

Electronic Signature of Registered Agent

Date

FILED Mar 16, 2015

**Secretary of State** 

CC8912777607

Officer/Director Detail:

SEC

Title P Title TRE

Name ALLI, JOHN Name ALLI, GRACE

Address 3058 W. BROWARD BLVD SUITE 2 Address 3058 W. BROWARD BLVD SUITE 2
City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

Title

DIR

Name JOHNSON, JOCHEBED Name PARKER, NIKKI

Address 3058 W. BROWARD BLVD SUITE 2 Address 3058 W. BROWARD BLVD SUITE 2

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR Title DIRECTOR

Name JOHNSON, HASSAN Name CLARKE, O'NEIL

Address 3058 W. BROWARD BLVD SUITE 2 Address 3058 W. BROWARD BLVD SUITE 2
City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

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: BISHOP ALLI JOHN ALLI

**PRESIDENT** 

03/16/2015