

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004742

**Entity Name:** GRACE OF ETERNAL LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

2601 N.W. 19TH AVE  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

545 N.W. 46TH TERRACE  
PLANTATION, FL 33317

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BOOKER, AARON  
545 NW 46TH TERR.  
PLANTATION, FL 33317 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 D  
Name CLINTON, JAMES P SR.  
Address 4360 N.W. 14TH STREET  
City-State-Zip: LAUDERDALE FL 33313

Title P  
Name BOOKER, AARON H SR  
Address 545 NW 46TH TERR  
City-State-Zip: PLANTATION FL 33317

Title V  
Name BOOKER, BRENDA L  
Address 545 NW 46TH TERR  
City-State-Zip: PLANTATION FL 33317

Title D  
Name JONES, ANDREW H SR.  
Address 6857 N. W. 26TH STREET  
City-State-Zip: SUNRISE FL 33313

*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:** AARON HLBOOKER

CEO

02/25/2016

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

\_\_\_\_\_ Date