

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730557 (6)
1. Corporation Name
GRACE BRETHREN CHURCH OF ORLANDO, FLORIDA, INC.



Principal Place of Business: 5425 APOPKA-VINELAND RD ORLANDO FL 32819
Mailing Address: 5425 APOPKA-VINELAND RD ORLANDO FL 32819

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/29/1974	04/10/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1575344	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWIS, ALBERT L. 201 E. PINE ST. ORLANDO FL 32801				81 Name	Dr. Charles R. Davis		
				82 Street Address (P.O. Box Number is Not Acceptable)	6228 NW 37th Terrace		
				83			
				84 City	Gainesville	85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Charles R. Davis* DATE: 4/17/96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DIAZ, JOHN SR.	1.2 NAME	Dr. Charles R. Davis
STREET ADDRESS	12218 MEDAN STREET	1.3 STREET ADDRESS	6228 NW 37th Terrace
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Gainesville, FL. 32653
TITLE	SD	2.1 TITLE	TD
NAME	MANSEL, VERONICA	2.2 NAME	John Champion
STREET ADDRESS	4818 SHOSHONE	2.3 STREET ADDRESS	7218 Prato Avenue
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL. 32819
TITLE	TD	3.1 TITLE	SD
NAME	ROBINS, SUSAN	3.2 NAME	James Chamblin
STREET ADDRESS	12112 CUBEB COURT	3.3 STREET ADDRESS	8602 Sandberry Blvd.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL. 32819
TITLE	D	4.1 TITLE	
NAME	ROBINS, JOHN L	4.2 NAME	
STREET ADDRESS	12112 CUBEB CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles R. Davis* DATE: 4/17/96
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)