

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date Incorporated or Qualified 08/29/1974		
4. FEI Number 59-1575344	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**DIAZ, JOHN L
12218 MEDAN STREET
ORLANDO FL 32837**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 11901 Cantora Court	
83	
84 City Orlando,	85 Zip Code FL 32837

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JOHN L	1.2 NAME	
STREET ADDRESS	12218 MEDAN STREET	1.3 STREET ADDRESS	11901 Cantora Court
CITY - ST - ZIP	ORLANDO FL 32837	1.4 CITY - ST - ZIP	Orlando, Fl. 32837
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPION, JOHN	2.2 NAME	
STREET ADDRESS	7218 PRATO AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLIN, JAMES	3.2 NAME	
STREET ADDRESS	8602 SANDBERRY BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, DAVID	4.2 NAME	SD
STREET ADDRESS	11923 OTTAWA AVENUE	4.3 STREET ADDRESS	Cheryle Grillo
CITY - ST - ZIP	ORLANDO FL 32837	4.4 CITY - ST - ZIP	5717 Briar Drive
TITLE	T	5.1 TITLE	Orlando, Florida 32819
NAME	ROBINS, JOHN	5.2 NAME	
STREET ADDRESS	12112 CUBEB COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32837	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11901 Cantora Court
1.4 CITY - ST - ZIP	Orlando, Fl. 32837
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Cheryle Grillo
4.4 CITY - ST - ZIP	5717 Briar Drive
5.1 TITLE	Orlando, Florida 32819
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addendum with an address.

SIGNATURE: *John L. Diaz* Date: *4/15/98* Division Phone #: *409-876-3178*

CR2E037 (10/97)