

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737155 (2)
1. Corporation Name
GRACE BAPTIST TEMPLE, N. FT. MYERS, FLA., INC.



Principal Place of Business: **19084 N. TAMiami TRAIL, NORTH FORT MYERS FL 33917 US**
Mailing Address: **19084 N. TAMiami TRAIL, NORTH FORT MYERS FL 33917 US**

3. Date Incorporated or Qualified: **10/27/1976**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2388611**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
HASTEN, GEORGE
7820 BREEZE DR.
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent
81 Name: Houston Roberts
82 Street Address (P.O. Box Number is Not Acceptable): 98 Rainbow Lane
83 N. Ft. Myers, FL. 33903
84 City: FL 85 Zip Code

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: *X Houston A. Roberts* (NOTE: Registered Agent signature required when reinstating) DATE: **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLASS, JAMES R.	
STREET ADDRESS	10880 ORANGE RIVER BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, ARNOLD	
STREET ADDRESS	7635 HART DR NE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCARBRO, NELSON	
STREET ADDRESS	3124 INDIAN VILLAGE LN	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	William Janssen
2.4 CITY-ST-ZIP	3153 Linwood N.E. North Ft. Myers, FL 33917
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Jannet M. Blum* DATE: **4/10/96** DAYTIME PHONE #: **941-731-6084**

CR2E037 (12/95)