FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 22 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752024** **(0)**

1. Corporation Name

GRACE NEW COVENANT MINISTRIES, INC.

Principal Place of Business	Mailing Address
3101 S. KINGSWAY RD. SEFFNER FL 33584 US	PO BOX 635 SEFFNER FL 33584 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2916503 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CRUZ, REV. VICTOR
718 W PLYMOUTH STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	P	11 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, REV. ELVIN	12 NAME	100014142201
STREET ADDRESS	2103 LUMSDEN RD.	13 STREET ADDRESS	-02/23/95--01105--007
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	*****77.50 *****77.50
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	CRUZ, REV. VICTOR	22 NAME	
STREET ADDRESS	718 W. PLYMOUTH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	AGUILA, AIDA	32 NAME	
STREET ADDRESS	1801 CITRUS ORCHARD	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BERMUDEZ, ABRAHAM	42 NAME	
STREET ADDRESS	512 INNERGARY PL	43 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SILVA, BERNALDO	52 NAME	
STREET ADDRESS	104 GOLDENWOOD AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Cert. 10.00
AR - 58.75
Cert 8.75

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)(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 attachment with an address.

SIGNATURE: Rev. [illegible] Preston/Pres. 2/13/95 (813)684-2754
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Daytime Phone #

After our Phone Conversation on 2-22-95