


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752058 (8)
1. Corporation Name
GRACE BIBLE CHURCH OF HOMOSASSA SPRINGS, INC.



Principal Place of Business GREEN ACRES BLVD AT PINE ST P.O. BOX 1067 HOMOSASSA SPRINGS FL 32647	Mailing Address GREEN ACRES BLVD AT PINE ST P.O. BOX 1067 HOMOSASSA SPRINGS FL 32647
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3. Date Incorporated or Qualified
04/16/1980

4. FEI Number
59-1996100

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BUDNICK, DARWIN
5410 S. MARSHA TERR
HOMOSASSA FL 34448**

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 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 CD	SANDERS, CHARLES 1365 N. ABALONE TERR. HERNANDO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Chairman/Director
NAME			1.2 NAME LEONARD L. Bush, Jr
STREET ADDRESS			1.3 STREET ADDRESS 17 Vinca St
CITY-ST-ZIP			1.4 CITY-ST-ZIP HOMOSASSA, FL 34446
TITLE VCD	LAW, ALBERT 1988 W GREEN ACRES ST HOMOSASSA FL	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE P	WEBB, ARRON W 48 PINE DRIVE HOMOSASSA FL	<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE T	DARWIN, BUDNICK 5410 S. MARSHA TERRACE HOMOSASSA FL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE D	STODDARD, DICK 4701 S EVERGREEN HOMOSASSA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DIRECTOR
NAME			5.2 NAME SANDERS, CHARLES
STREET ADDRESS			5.3 STREET ADDRESS 1365 N. ABALONE TERR.
CITY-ST-ZIP			5.4 CITY-ST-ZIP HERNANDO, FL
TITLE D	HELM, HAVERY 1055 N. LIBERTY ST. HERNANDO FL	<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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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 attachment with an address.

SIGNATURE: *Darwin F. Budnick* 3/17/98 (352)754-5516

CP2E037 (10/97)