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

FILED
95 MAR 28 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **771076** **(7)**

1. Corporation Name
GRACE BAPTIST CHURCH OF BELLEVIEW, FLORIDA, INC.

Principal Place of Business	Mailing Address
10835 SE 70TH AVE BELLEVIEW FL 32620	10835 SE 70TH AVE BELLEVIEW FL 32620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1983**
3a. Date of Last Report: **02/22/1994**
4. FEI Number: **59-2567245** ☐ 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 PO BOX 1329
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BELLEVIEW FL
Zip 24 / Country 25	Zip 29 34421-1329 / Country 30 MARION

9. Name and Address of Current Registered Agent

MCGINNIS, REVEREND LEE
2757 SE 160TH LANE
SUMMERFIELD FL 34491

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	CD	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN, KENNETH	12 NAME	
STREET ADDRESS	10062 SE 125 PLACE	13 STREET ADDRESS	100001442501
CITY-ST-ZIP	BELLEVIEW FL 34420	14 CITY-ST-ZIP	-03/29/95--01035--003
TITLE	CD	21 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	MUNN, RAYMOND	22 NAME	
STREET ADDRESS	185 WATEROAK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	SADDOW, THOMAS	32 NAME	
STREET ADDRESS	9160 SE 140TH PL, P.O. BOX 279	33 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	34 CITY-ST-ZIP	
TITLE	CD and CHURCH TREASURER	41 TITLE	CD and CHURCH TREASURER ☐ Change ☒ Addition
NAME	ERNEST RIESEN	42 NAME	ERNEST RIESEN
STREET ADDRESS	11835 SE 70TH AVE RD	43 STREET ADDRESS	11835 SE 70TH AVE RD
CITY-ST-ZIP	BELLEVIEW FL 34420	44 CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

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: Ernest Riesen 3/20/95 904 347 7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044850