

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N02647** (8)

1. Corporation Name

GULFVIEW GRACE BRETHREN CHURCH, INC.

Principal Place of Business

Mailing Address

% JAMES L. POYNER
6639 HAMMOCK ROAD, WEST
PORT RICHEY FL 34668

% JAMES L. POYNER
6639 HAMMOCK ROAD, WEST
PORT RICHEY FL 34668



3. Date Incorporated or Qualified

04/19/1984

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2399459

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POYNER, JAMES L.
6639 HAMMOCK ROAD, WEST
PORT RICHEY FL 34668

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

POYNER, REV. JAMES L.

STREET ADDRESS

10934 PEPPERTREE LANE

CITY - ST - ZIP

PORT RICHEY FL

TITLE

VD

☐ DELETE

NAME

MILLER, LOGAN J.

STREET ADDRESS

7629 CESSNA DR.

CITY - ST - ZIP

NEW PORT RICHEY FL

TITLE

SD

☐ DELETE

NAME

SHANE, EVELYN

STREET ADDRESS

6639 HAMMOCK RD WEST

CITY - ST - ZIP

PORT RICHEY FL

TITLE

T

☐ DELETE

NAME

REED, MARY

STREET ADDRESS

11033 BASQUIN CT.

CITY - ST - ZIP

PORT RICHEY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

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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:

James L. Poyner James L. Poyner

6-6-96

(813)

862-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)