

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 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 # N23500 (4)

1. Corporation Name
GRACE AND PRAISE MINISTRIES, INC.



Principal Place of Business RT 1 BOX 9 HIGH SPRINGS FL 32643 US	Mailing Address RT 1 BOX 9 HIGH SPRINGS FL 32643 US
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3. Date Incorporated or Qualified
11/17/1987

4. FEI Number
59-2725257

Applied For	
Not Applicable	

2. Principal Place of Business 21 16817 NW SR 45 Suite, Apt. #, etc. 22 High Springs, FL City & State 23 32643 Alachua Zip Country	2a. Mailing Address 26 16817 NW SR 45 Suite, Apt. #, etc. 27 High Springs, FL City & State 28 32643 Alachua Zip Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

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

**COOK, WAYNE F.
CR 778
HIGH SPRINGS FL 32643**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, WAYNE	
STREET ADDRESS	P.O. BOX 2522 N/A	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HODGE, GARY M	
STREET ADDRESS	RT 2 BOX 2206 19515 NW 170 LN	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PURVIS, WILLIAM ALAN	
STREET ADDRESS	P.O. BOX 305 N/A	
CITY-ST-ZIP	AMBROSE GA 31512	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: Wayne F. Cook / Wayne F. Cook 1-25-98 454 3599 388 2696

CR2E037 (10/97)