## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N44967

(0)

## FILED Jan 30 1998 8:00am Secretary of State

GRACE FELLOWSHIP OF BREVARD, INC.				
Principal Place of Business	Mailing Address			
4816 HIDDEN PALM PLACE WEST MELBOURNE FL 32904	4816 HIDDEN PALM WEST MELBOURNE I		3. Date Incorporated or Qualified  09/04/1991 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address		59-3075750	Not Applicable
21	26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, eti	¢.	6. Election Campaign Financing	<b>\$5.00</b> May Be
22 City 2 State	27		Trust Fund Contribution	Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeow  — Yes	
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address o	f Current Registered Agent	04	10. Name and Address of New Register	ed Agent
		81 Name	3	
COOK, RICHARD G.		82 Street	t Address (P.Q. Box Number is Not Acceptable)	
4816 HIDDEN PALM PLACE WEST MELBOURNE FL 32904		83		
WEST INCEDOSTRIC 1 E 32504				
		84 City	F	EL 85 Zip Code
11. Pursuant to the provisions of Sections office or registered agent, or both, in t agent. I am familiar with, and accept t	617.0502 and 617.1508, Florida 5 he State of Florida. Such change he obligations of Section 617.050	Statutes, the above-named was authorized by the corporation of the cor	d corporation submits this statement for the purpos rooration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE				
Signature, typed or printed name of reg		(NOTE: Registered Agent signatur		
	ERS AND DIRECTORS  DELET	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITE DP	□ nereı			Change Addition
NAME COOK, RICHARD G. STREET ADDRESS 4816 HIDDEN PALM P	LACE	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP W. MELBOURNE FL	LACE	1.4 CITY-ST-ZIP		
TITLE DST	DELET			Change Addition
NAME COOK, MAUREEN A.		2.2 NAME		
STREET ADDRESS 4816 HIDDEN PALM PI	LACE	2.3 STREET ADDRESS		
CITY-ST-ZIP W. MELBOURNE FL	·	2. 4 CITY - ST - ZIP		
TITLE DT	☐ DELET	E 3.1 TITLE		Change Addition
NAME COOK, CRAIG M	р	3.2 NAME		
STREET ADDRESS 2255 FLOWERTREE CI	н	3.3 STREET ADDRESS		
CITY-ST-ZIP MELBOURNE FL	☐ DELET	3.4. CITY - ST - ZIP E 4.1 TITLE		Change Addition
NAME	L DLLL	4.1 INCE		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4,4 CITY-ST-ZIP		į
TITLE	☐ DELET			☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	[Pres]	5.4 CITY-ST-ZIP		
TITLE	☐ DELET			☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

15198 (401)725-274