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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003810 (9)**

1. Corporation Name

GREATER GRACE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

**1550 N. FEDERAL HWY.
STE 15116
BOYNTON BCH. FL 33435
US**

**PO BOX 6761
LAKE WORTH FL 33466-6761
US**

3. Date Incorporated or Qualified
08/23/1993

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

2a. Mailing Address

21 2923 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suites 2, 3, 4, 5

City & State

City & State

23 Boynton Bch, FL

Zip

Country

Zip

Country

24 33435

25 USA

26

**FOSTER, DANIEL
56 SOUTH ERIC CIRCLE
LAKE WORTH FL 33463**

4. FEI Number

65-0444993

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

FOSTER, DANIEL

82 Street Address (P.O. Box Number is Not Acceptable)

5926 Ithaca Cir West

83

84 City

LAKE WORTH

FL

85 Zip Code

33463

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FOSTER, DANIEL	
STREET ADDRESS	55 S. ERIC CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	D	☐ DELETE
NAME	KELLEY, TIMOTHY	
STREET ADDRESS	5545 62ND AVE N.	
CITY-ST-ZIP	PINELLAS P ARK FL	

TITLE	VD	☐ DELETE
NAME	LAVOIE, HANK	
STREET ADDRESS	6566 N. MILITARY TRAIL, LOT 429	
CITY-ST-ZIP	W. PALM BEACH FL 33407	

TITLE	ST	☐ DELETE
NAME	NELSEN, DONNA	
STREET ADDRESS	55 S. ERIC CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	D	☐ DELETE
NAME	BALDWIN, MOSES	
STREET ADDRESS	5545 62ND AVE N.	
CITY-ST-ZIP	PINELLAS PARK FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	FOSTER, DANIEL	
1.3 STREET ADDRESS	5926 Ithaca Circle West	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	ST	☒ Change ☐ Addition
4.2 NAME	Nelsen, Donna	
4.3 STREET ADDRESS	5926 Ithaca Circle West	
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Donna Nelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

501-642-0441

Date

Daytime Phone # 0043976

CR2E037 (9/96)