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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N93000003810 (9)

1. Corporation Name

GREATER GRACE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
2923 S. FEDERAL HWY 2.3.4.5. BOYNTON BEACH FL 33435 US	PO BOX 6761 LAKE WORTH FL 33466 US

3. Date Incorporated or Qualified: 08/23/1993

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

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

2. Principal Place of Business	2a. Mailing Address
21	26 2923 S. Federal Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 2, 3, 4, 5
City & State 23	City & State 28 Boynton Beach. FL
Zip 24 / Country 25	Zip 29 33435 / Country 30 US

9. Name and Address of Current Registered Agent

DANIEL, FOSTER
5926 ITHACA CIR WEST
LAKE WORTH FL 33463

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 _____ 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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FOSTER, DANIEL		1.2 NAME	FOSTER, DANIEL	
STREET ADDRESS	55 S. ERIC CIRCLE		1.3 STREET ADDRESS	5926 Ithaca Circle West	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	Lake Worth, Florida 33463	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, TIMOTHY		2.2 NAME		
STREET ADDRESS	5545 62ND AVE N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS P ARK FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAVOIE, HANK		3.2 NAME		
STREET ADDRESS	6566 N. MILITARY TRAIL, LOT 429		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33407		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSEN, DONNA		4.2 NAME		
STREET ADDRESS	5926 ITHACA CIRCLE WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, MOSES		5.2 NAME		
STREET ADDRESS	5545 62ND AVE N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Donna Nelsen DONNA NELSEN S/T 2-21-98 561-439-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #