

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90173 033 ****61.25

DOCUMENT # N93000003810

1. Corporation Name

GREATER GRACE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

2923 S. FEDERAL HWY
2.3.4.5.
BOYNTON BEACH FL 33435
US

Mailing Address

2923 S FEDERAL HWY
#2.3.4.5.
BOYNTON BEACH FL 33435
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOSTER, DANIEL
STREET ADDRESS 5926 ITHACA CIR WEST
CITY-ST-ZIP LAKE WORTH FL 33463

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 5926 ITHACA CIRCLE WEST
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

St
Edith F. Brown
220 Davis Rd.
Palm Springs, FL 33460

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, with all other like empowered.

SIGNATURE:

Edith F. Brown Edith F. Brown 4/6/99 561-967-6376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

004164