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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

N95000000165 (9)

## SOVEREIGN GRACE BAPTIST CHURCH, INC.

## **FILED** Jan 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					C SECRETARY OF THE STATE OF THE SECOND CONTRACTOR OF THE SECOND CONTRAC	1881 8814 8811 9810 PM	19 E1101 B111 HBE1
3901 KENILWORTH AVE 3901 KENILWORTH AVE							
SEBRING FL 33		SEBRING FL 33870-4425					
					3. Date Incorporated or Qualified	3a. Date of Last	
					01/09/1995	02/01/1	1996
L '	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired		5 Additional
		City & State	7 City & State				Required
23		<del> </del>	28		Election Campaign Financing     Trust Fund Contribution		May Be
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	29	30			Yes No	0. (02/022,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
	n, andrew 8.		82	Street A	Address (P.O. Box Number is Not Acceptate	ole)	
150 N COMMERCE			-			<del> </del>	
SEBRING FL 33870			83				
			84	City		FL 85 Zi	p Code
44 Durament	to the own in one of Continue 617 050	20 and 617 1500 Florida Statutos	the shave	nnmad	corporation submits this statement for the r		a Ita sociatorad
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. Far	m familiar with, and accept the oblig	jations of, Section 617.0503, Flor	ida Statutes				
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Aper	nt signature	required when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	e 🔲 Addition
NAME	Brown, Gaylor L		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	AVON PARK FL 33825		1.4 CITY - ST				
TITLE	D	<b>₩</b> DELETE	2.1 TITLE	ļ	DWARD A. WHITEHO	RNE Change	e 🔲 Addition
NAME	BRAUER, BRUCE A		2.2 NAME	ľ	2201 CLEVELAND KE	•	
STREET ADDRESS	6401 STATE RD 17		2.3 STREET		SEBIZING, FL 33876	<b>)</b>	
CITY-ST-ZIP TITLE	SEBRING FL 33870	☐ D€LETE	2. 4 CITY - S 3.1 TITLE	T-ZIP	250000	☐ Change	e Addition
NAME	PENNY, FLÓYD A	□ occe.ic	3.2 NAME	ŀ		July Crisings	, Addition
STREET ADDRESS	213 RUE DE PARESSE		3.3 STREET	ADDRESS		-	
CITY-ST-ZIP	TAVARES FL 32778		3.4. OTY-S	1			
THLE	7,777,120-7-2-00-7-2	☐ DELETE	4.1 T LE			. Change	e 🔲 Addition
NAME			4. 2 LAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 C (Y-S)				-
TITLE		DELETE	5.1 T LE			Change	e · 🔲 Addition
NAME			5.2 N.ME				
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP		1	5.4 ( Y-S)	T-ZIP			, man (2.002002)
TITLE		DELETE	6.1 LE			☐ Change	e 🔲 Addition
NAME			6.2 ME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	by certify that the information supplie	ed with this filling does not qualify		r-ZIP motion st	ated in Section 119.07(3)(i), Florida Statute	s I further certify th	at the
1 - activity	and a standard by the control of the control	20 Trust and thing dood not quality		اف الجدودية	that my clarative aball bays the same look	I affect on it made	

curate and that my signature shall have the same legal effect as if made under of secute this report as required by Chapter 617, Florida Statutes; and that my name I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.