

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000005341 (1)**

1. Corporation Name

**GRACE BAPTIST PRAISE & WORSHIP CTR., INC.**



Principal Place of Business

Mailing Address

900 US 1  
 SUITE 203  
 LAKE PARK FL 33403

900 US 1  
 SUITE 203  
 LAKE PARK FL 33403

3. Date Incorporated or Qualified **11/13/1995** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0623919</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>BOWLING, KENNETH REV.</b> 900 US 1 SUITE 203 LAKE PARK FL 33403	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Verna Reilford (Church Admin.)</b>	1.2 NAME	<b>T ASSIST. TO CHAIR, TRUSTEE</b>
STREET ADDRESS	<b>1569 W. 21st St Flr</b>	1.3 STREET ADDRESS	<b>Eddie Young, SR</b>
CITY - ST - ZIP	<b>West Palm Bch 33404</b>	1.4 CITY - ST - ZIP	<b>824 W 6th Street</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T Joseph Chamless (Chair of Finance)</b>	2.2 NAME	<b>D ASSIST TO CHAIR OF DEACON</b>
STREET ADDRESS	<b>969 - 32nd street Flr</b>	2.3 STREET ADDRESS	<b>CURTIS DONNAY</b>
CITY - ST - ZIP	<b>WEST Palm Bch, 33407</b>	2.4 CITY - ST - ZIP	<b>104 Waverly Dr West Palm Bch Fla</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Arbin Dukes (Chair of Deacon)</b>	3.2 NAME	<b>(PASTOR) KENNETH L Bowling</b>
STREET ADDRESS	<b>1304 9th street</b>	3.3 STREET ADDRESS	<b>900 U.S. 1, Suite 203</b>
CITY - ST - ZIP	<b>WPB, Fla 33401</b>	3.4 CITY - ST - ZIP	<b>LAKE PARK, Fla. 33403</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T Adriene Arnette (Chair of TRUSTEE)</b>	4.2 NAME	
STREET ADDRESS	<b>1511 - 110th St Fla</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>West Palm Bch, 33407</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>900001921139</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-08/13/96--01149--044</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rev Kenneth L. Bowling / Rev Kenneth L. Bowling (407) 842-5153  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6-10-96** Daytime Phone #

CR2E037 (3/96)