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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.

*(GRACE PRAISE & WORSHIP CENTER, INC.)



Principal Place of Business

Mailing Address

900 US 1
SUITE 203
LAKE PARK FL 33403

900 US 1
SUITE 203
LAKE PARK FL 33403-2856

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
08/13/1996

2. Principal Place of Business

21 2708 N. Australian

2a. Mailing Address

26 2708 N. Australian

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5

27 Suite 5

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33407

25 Palm Bch

29 33407

30 Palm Bch

4. FEI Number
65-0623919

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

BOWLING, KENNETH REV.
900 US 1
SUITE 203
LAKE PARK FL 33403

81 Name

Rev. Kenneth Bowling

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

2708 N. Australian Ave

83

Suite 5

84 City

West Palm Beach

FL

85 Zip Code

33407

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RELLFORD, VERNA	1.2 NAME	Donaway, Curtis
STREET ADDRESS	1569 W. 21ST ST	1.3 STREET ADDRESS	4235 Waverly Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33404	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMLESS, JOSEPH	2.2 NAME	
STREET ADDRESS	969-32ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, ARBIN	3.2 NAME	
STREET ADDRESS	1304-9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNETTE, ADRIENE	4.2 NAME	Arnette, Adriene
STREET ADDRESS	1511-40TH ST.	4.3 STREET ADDRESS	1804 Middleton way
CITY-ST-ZIP	WEST PALM BEACH FL 33407	4.4 CITY-ST-ZIP	West Palm Beach, Fla. 33409
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, EDDIE SR	5.2 NAME	
STREET ADDRESS	824 W 6TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL 33404	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLING, KENNETH L	6.2 NAME	Bowling, Kenneth L.
STREET ADDRESS	900 U.S. 1, SUITE 203	6.3 STREET ADDRESS	2708 N. Australian Ave.
CITY-ST-ZIP	LAKE PARK FL 33403	6.4 CITY-ST-ZIP	West Palm Beach, FL 33407

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth L. Bowling

4/30/97

(561) 653-0090

CR2E037 (9/96)