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May 16 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 # **N96000005908 (6)**

1. Corporation Name

GRACE TABERNACLE CHURCH AND MINISTRIES OF FORT W ALTON BEACH, INC.

Principal Place of Business	Mailing Address
234 NE RACETRACK ROAD FORT WALTON BEACH FL 32547	234 NE RACETRACK ROAD FORT WALTON BEACH FL 32547-1866

3. Date Incorporated or Qualified: 11/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21 218 Eglin Parkway, NE
Suite, Apt. #, etc. 22
City & State 23 Ft. Walton Beach, FL
Zip 24 32547 Country 25 Okaloosa

2a. Mailing Address
26 218 Eglin Parkway, NE
Suite, Apt. #, etc. 27
City & State 28 Ft. Walton Beach, FL
Zip 29 32547 Country 30 Okaloosa

4. FEI Number: 59-3412131 ☐ 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

TOWNSEND, JOHN P
142 EGLIN PARKWAY SE
FORT WALTON BEACH FL 32548

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 David M Malheiro 4.30.97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MALHEIRO, DAVID		1.2 NAME		
STREET ADDRESS	305 NE YACHT CLUB DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, BRYAN		2.2 NAME		
STREET ADDRESS	118 MICHAEL AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, FRANK		3.2 NAME		
STREET ADDRESS	2354 TWIN BAY VIEW		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLIGOOD, WALTER		4.2 NAME		
STREET ADDRESS	608 MANOR COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CATHEY, GARY		5.2 NAME		
STREET ADDRESS	129 WOODBINE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, STAATS		6.2 NAME		
STREET ADDRESS	640 NE POWELL DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: David M Malheiro SIGNATURE REQUIRED 4.30.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073818