AMOUNT DUE ON OR BEFORE 09/30/98; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005908 (6)

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

Principal Place of Business Mailing Address

218 EGLIN PARKWAY NE 218 EGLIN PKWAY NE FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State

23 Zip Country Zio 24 29 30

9. Name and Address of Current Registered Agent

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

FILED

98 OCT 21 PM 2: 12

ECRETARY OF STATE

	3. Date Incorporated or Qualified			
	11/19/1996			
	4. FEI Number	Applied For		
	59-3412131	Not Applicable		
	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Election Campaign Financing	\$5.00 May Be		
		Added to Fees		
	7. Is this nonprofit corporation a homeowners as	ssociation? No		
	8. This corporation owes or has paid the current	year Intangible		
	Personal Property Tax due June 30.	∕es		
10. Name and Address of New Registered Agent				
ress (P.O. Box Number is Not Acceptable)				
FL 85 Zip Code				
ation submits this statement for the numose of changing its registered				

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.

Country

82

83

Name

Street Add

SIGNATURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Age
40.1	OFFICERO AND DIDECTORS	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TTUE PD Change Addition DELETE Phillips, Robert C. NAME MALHEIRO, DAVID 1.2 NAME 132 Pamela Ann Drive 305 NE YACHT CLUB DRIVE STREET ADDRESS 1.3 STREET ADDRESS FORT WALTON BEACH FL 32548 Fort Walton Beach FL 32547 1.4 CITY-ST-ZIP CITY-ST-ZIP SITID TITLE **V** DELETE 21 TITLE Change Patrick, Larry B. NAME GRIMES, BRYAN 2.2 NAME 221 Yacht club Drive STREET ADDRESS 118 MICHAEL AVENUE 2.3 STREET ADDRESS FORT WALTON BEACH FL 32548 32548 Fort walton Beach FL CITY-ST-Z/P 2.4 CITY-ST-ZIP TILE 3.1 TITLE **DELETE** Change 🔽 Addition Parker, James A. NAME WALKER, FRANK 3.2 NAME POBOX 6150 2354 TWIN BAY VIEW 3 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 32566 3.4 CITY-ST-ZIP Navarre CITY-ST-ZIF TILE 4.1 TITLE DELETE Change Addition NAME

ALLIGOOD, WALTER 4.2 NAME **608 MANOR COURT** 4.3 STREET ADDRESS FORT WALTON BEACH FL 32548 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE CATHEY, GARY 5.2 NAME NAME 129 WOODBINE CIRCLE STREET ADDRESS 5.3 STREET ADDRESS FORT WALTON BEACH FL 32548

DELETE

5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

Change Addition

FORT WALTON BEACH FL 32547 6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

HOWELL, STAATS

640 NE POWELL DRIVE

CITY-ST-ZIP

STREET ADDRESS

NAME

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