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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005908

1. Corporation Name

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

Principal Place of Business

Mailing Address

218 EGLIN PARKWAY NE
FORT WALTON BEACH FL 32547
US

218 EGLIN PKWAY NE
FORT WALTON BEACH FL 32547
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/19/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MALHEIRO, DAVID
STREET ADDRESS 305 NE YACHT CLUB DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

☐ DELETE

TITLE VD
NAME PHILLIPS, ROBERT C
STREET ADDRESS 132 PAMELA ANN DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

☐ DELETE

TITLE STD
NAME PATRICK, LARRY B
STREET ADDRESS 221 YACHT CLUB DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

☐ DELETE

TITLE D
NAME PARKER, JAMES A
STREET ADDRESS P.O. BOX 6150 N/A
CITY-ST-ZIP NAVARREE FL 32566

☐ DELETE

TITLE D
NAME HOWELL, STAATS
STREET ADDRESS 640 NE POWELL DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)