

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000477 (6)**

1. Corporation Name

GRACE INTERDENOMINATIONAL COMMUNITY CHURCH, INCORPORATED



Principal Place of Business 1232 SQUIRREL LANE SOUTH JACKSONVILLE FL 32218	Mailing Address 1232 SQUIRREL LANE SOUTH JACKSONVILLE FL 32218
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3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

59-3406269

Applied For

Not Applicable

2. Principal Place of Business 21 5017 Hollycrest Dr Suite, Apt #, etc 22 City & State 23 Jacksonville, FL Zip 24 32205	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country 30 USA
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5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIELDS, LOUIS J JR
1232 SQUIRREL LANE SOUTH
JACKSONVILLE FL 32218**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, LOUIS J JR	1.2 NAME	
STREET ADDRESS	1232 SQUIRREL LANE SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32218	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, LISA L	2.2 NAME	
STREET ADDRESS	1232 SQUIRREL LANE SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32218	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	FIELDS, BARBARA	3.2 NAME	
STREET ADDRESS	1591 S LANE AVE APT 10814	3.3 STREET ADDRESS	5740 Vernon Rd
CITY - ST - ZIP	JACKSONVILLE FL 32210	3.4 CITY - ST - ZIP	Jacksonville, FL 32209
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: **Louis J. Fields, Jr** **2-11-98** **904-757-1042**

CR2E037 (10/97)