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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000477

1. Corporation Name

GRACE INTERDENOMINATIONAL COMMUNITY CHURCH, INCO **RPORATED**

Principal Place of Business

5017 HOLLYCREST DR

JACKSONVILLE FL 32205

Mailing Address

1232 SQUIRREL LANE SOUTH JACKSONVILLE FL 32218

FILED Mar 04, 1999 8:00 am § Secretary of State

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8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statules, 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 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 Statules, the above-named 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 Statules, the above-named 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 Statules, the above-named 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 Statules, the above-named 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 Statules, the above-named 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 Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changi							I S Cartifonto of Status Desired IAF					
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13.2 SQUIRREL LANE SOUTH JACKSONVILE FL 32218 84 City FL 85 Zip Code 17. 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 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, and analysis of Section 617.0502, Florida Statutes. SIGNATURE Supplium, hold or priviled name of registered appear, and the if application. NOTE Registered Apen signature required when reinstiting DATE 12. OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.1 TITLE 1.2 NAME FIELDS, LOUIS J JR 1.3 STREET ADDRESS STREET ADDRESS FIELDS, LOUIS J JR 1.3 STREET ADDRESS DELETE 2.2 NAME 1.3 STREET ADDRESS TITLE VD DELETE 3.1 TITLE 1.2 STO DELETE 3.3 STREET ADDRESS CITY-ST-2P TITLE 1.3 STREET ADDRESS CITY-ST-2P 1.4 CITY-ST-2P 1.5 STO DELETE 3.1 TITLE 1.5 STO DELETE 3.3 STREET ADDRESS CITY-ST-2P 1.5 STO DELETE 3.3 STREET ADDRESS CITY-ST-2P 1.5 STO DELETE 3.3 STREET ADDRESS CITY-ST-2P 1.5 STREET ADDRESS CITY-ST-2P 1.				{	31	Name						
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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

904-757-1042