


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

FILED

98 OCT 19 AM 10:45

SECRETARY OF STATE FLORIDA



DOCUMENT # N97000001448 (6)
1. Corporation Name
GRACE INTERVENTION SERVICES, INC.

Principal Place of Business Mailing Address
891 COPLY STREET, SE PALM BAY FL 32909

3. Date Incorporated or Qualified
03/10/1997

4. FEI Number
59-3434091

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

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29

9. Name and Address of Current Registered Agent
HARTLEY, THOMAS M.
1705 ELIZABETH STREET
MELBOURNE FL 32901

7 see changed address

10. Name and Address of New Registered Agent
81 Name
HARTLEY, THOMAS M.
82 Street Address (P.O. Box Number is Not Acceptable)
430 Johnson Ave #101
84 City
CAPE CANAVERAL
FL
85 Zip Code
32920

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]* Executive Director
DATE: 8/25/98

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN	<input type="checkbox"/> DELETE
NAME	ERIC WRIGHT	
STREET ADDRESS	1200 HILLTOP CT	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	VICE-CHAIRMAN	<input type="checkbox"/> DELETE
NAME	NATHANIEL HARRIS	
STREET ADDRESS	1114 PEACOCK AVE	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> DELETE
NAME	DONNA MINOR	
STREET ADDRESS	4884 ERIN LANE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	CRIS PATTERSON	
STREET ADDRESS	1384 PINEAPPLE AVE	
CITY-ST-ZIP	MELBOURNE, FL 32937	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WALTER KOENIG	
STREET ADDRESS	2503 S. AIA	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	MARYLIN RENZ	
STREET ADDRESS	1005 FIELDSTONE DR	
CITY-ST-ZIP	MELBOURNE, FL 32951	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002675144-2
1.4 CITY-ST-ZIP	-10/28/93-01087-028 *****70.00 *****70.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

B 10/21/98 AR

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: *[Signature]* SIGNATURE REQUIRED
DATE: 10/14/98 DAYTIME PHONE #: 407-725-1216

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