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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771076 (7)

1. Corporation Name

GRACE BAPTIST CHURCH OF BELLEVUE, FLORIDA, INC.

Principal Place of Business

Mailing Address

10835 SE 70TH AVE
BELLEVUE FL 32620

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BELLEVUE FL 32620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1983

3a. Date of Last Report

02/22/1994

4. FEI Number

59-2567245

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO BOX 1329

22 City & State

27 Suite, Apt. #, etc.

28 BELLEVUE FL

23 Zip

Country

29 Zip

Country

30 34421-1329 MARION

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGINNIS, REVEREND LEE
12757 SE 160TH LANE
SUMMERFIELD FL 34491

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MARTIN, KENNETH
STREET ADDRESS	10062 SE 125 PLACE
CITY - ST - ZIP	BELLEVUE FL 34420
TITLE	CD
NAME	MUNN, RAYMOND
STREET ADDRESS	185 WATEROAK DR.
CITY - ST - ZIP	LADY LAKE FL 32159
TITLE	CD
NAME	SADDOW, THOMAS
STREET ADDRESS	9160 SE 140TH PL, P.O. BOX 279
CITY - ST - ZIP	SUMMERFIELD FL 34491
TITLE	CD and church treasurer
NAME	ERNEST RIESEN
STREET ADDRESS	11835 SE 70TH AVE RD
CITY - ST - ZIP	BELLEVUE FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	100001442501
14 CITY - ST - ZIP	-03/29/95--01035--008
21 TITLE	*****61.25 *****61.25
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	CD and church treasurer ☐ Change ☒ Addition
42 NAME	ERNEST RIESEN
43 STREET ADDRESS	11835 SE 70TH AVE RD
44 CITY - ST - ZIP	BELLEVUE FL 34420
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95

904 347 7895