

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756031 (1)

1. Corporation Name

GRACE EPISCOPAL CHURCH, INC.

Principal Place of Business

4110 RIDGEWOOD AVE.
PO BOX 290245
PORT ORANGE FL 32129

Mailing Address

4110 RIDGEWOOD AVE.
PO BOX 290245
PORT ORANGE FL 32129



3. Date Incorporated or Qualified

01/26/1981

3a. Date of Last Report

03/27/1995

4. FEI Number

59-1862198

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNKE, THE REV JEFF L
721 SLEEPY HOLLOW DR
PT ORANGE FL 32127

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	FORMAS, AUDREY	1133 BUTTERMILK LN	DAYTONA BCH FL	<input type="checkbox"/>
S	BOHANNON, GERRY	161 LEISURE CIR	PORT ORANGE FL	<input type="checkbox"/>
P	BUNKE, THE REV JEFF L	721 SLEEPY HOLLOW DR	PT ORANGE FL	<input type="checkbox"/>
T	BALDUCCI, EDMUND	1805 CHANDELLE COURT	DAYTONA BEACH FL	<input type="checkbox"/>
D	STANCO, VICTOR	3020 VICTORY PALM	EDGEWATER FL	<input checked="" type="checkbox"/>
VD	WADSWORTH, DAVE	2378 OLD SAMSULA RD.	DAYTONA BEACH FL	<input checked="" type="checkbox"/>

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

SUFANO, PATTY
3627 JOAN LANE
PORT ORANGE, FL 32119

VD
MAGGIE THOMPSON
707 KRISTINA CT.
PORT ORANGE, FL 32127

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 119.07(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

3-5-1996

Date

904-767-3583

Daytime Phone #

CR2E037 (12/95)