

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 08 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 # N02320

(2)

1. Corporation Name

GRACE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

3301 N 72ND AVE  
HOLLYWOOD FL 33024  
US

15068 SW 10 ST  
SUNRISE FL 33326

3. Date Incorporated or Qualified

04/02/1984

4. FEI Number

59-2412635

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

RISI, RICHARD D.  
15068 SW 10 ST.  
SUNRISE FL 33326

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

*Richard D. Risi, Pres.*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6.30.98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RISI, RICHARD D.	
STREET ADDRESS	15068 SW 10 ST	
CITY-ST-ZIP	SUNRISE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RISI, PATRICE L.	
STREET ADDRESS	15068 SW 10 ST	
CITY-ST-ZIP	SUNRISE FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RISI, ANTHONY J.	
STREET ADDRESS	1116 NW 130TH TERRACE	
CITY-ST-ZIP	SUNRISE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POETSCHKE, MARY B.	
STREET ADDRESS	18185 SW 3RD STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POETSCHKE, SHERRY	
STREET ADDRESS	1501 NW 182ND TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AVELLO, DOMINIC	
STREET ADDRESS	3010 SW 56TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)