

SECOND NOTICE: CORPORATION IS DISSOLVED CORP. AFTER CERTIFICATE OF DISSOLUTION.
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

DOCUMENT # N46182

(4)

1. Corporation Name

GRACE CHRISTIAN WORLD INC.

Principal Place of Business

Mailing Address

1728 N.W. 38TH AVENUE
LAUDERHILL FL 33313

1728 N.W. 38TH AVENUE
LAUDERHILL FL 33313

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

65-0303727

Applied For

Not Applicable

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

**WILLIAMS, SHERNET
7400 NW 37TH ST.
LAUDERHILL FL 33313**

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 617.1503, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **WILLIAMS, STEDROY**

STREET ADDRESS **5844 NW 21 ST**

CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ DELETE

NAME **WILLIAMS, SHERNET**

STREET ADDRESS **5844 NW 21 ST**

CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ DELETE

NAME **ANDERSON, DAISY**

STREET ADDRESS **3211 NW 18TH PLACE**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **WALKER, ALMETTA**

STREET ADDRESS **4591 NORTHWEST 19 STREET, SUITE 401**

CITY-ST-ZIP **LAUDERMILL FL**

TITLE ☐ DELETE

NAME **BEEROM, MICHAEL**

STREET ADDRESS **1324 SW 47 AVE.**

CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **GOODEN, ROBERT**

STREET ADDRESS **3419 HARTABURN BLVD.**

CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 #

FILED

98 OCT 15 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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