

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90081 045 ****61.25

0042378

DOCUMENT # 762392

1. Corporation Name

GRACE COMMUNITY CHURCH OF THE CHRISTIAN AND MISS
IONARY ALLIANCE, INC.

Principal Place of Business

1446-C SW 25TH AVENUE
BOYNTON BEACH FL 33426
US

Mailing Address

1446-C SW 25TH AVENUE
BOYNTON BEACH FL 33426
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/11/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0910355	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BROWN, GREGORY A REV
1446-C SW 25 AVE
BOYNTON BEACH FL 33426

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GREGORY A REV	1.2 NAME	
STREET ADDRESS	1446-C S.W. 25TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, CHERRIEL	2.2 NAME	Elizabeth Colter
STREET ADDRESS	2587 SW 11TH CT	2.3 STREET ADDRESS	1706 NE 2nd Ave
CITY-ST-ZIP	BOYNTON BCH FL 33426	2.4 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPACARDO, DEBBIE	3.2 NAME	
STREET ADDRESS	3418 CHANELAINE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33445	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYZEAUX, PIERRE	4.2 NAME	
STREET ADDRESS	3619 LAKEVIEW BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT	5.2 NAME	
STREET ADDRESS	1782 BANYAN CREEK CIRCLE N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENIKOFF, EDITH	6.2 NAME	
STREET ADDRESS	4588 FRANCES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)