

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 # **701166** (1)
1. Corporation Name
GRAPELAND HEIGHTS BAPTIST CHURCH, INCORPORATED



Principal Place of Business: 1351 N.W. 32ND CT. MIAMI FL 33125
Mailing Address: 1351 N.W. 32ND CT. MIAMI FL 33125

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1960	3a. Date of Last Report 01/30/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-6044651	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LYONS, WILLIAM K., GEN. MAN.
8601 NW 81ST RD.
MEDLEY FL 33166**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when filing change) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF)	
12.1 TITLE	D <input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	LYONS, WILLIAM K.	13.2 NAME	
12.3 STREET ADDRESS	1631 N.W. 32ND AVE.	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	
12.5 TITLE	D <input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	TATUM, RAYMOND	13.6 NAME	
12.7 STREET ADDRESS	1701 N.W. 36TH AVE.	13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	MIAMI FL	13.8 CITY-ST-ZIP	
12.9 TITLE	D <input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	ILHARDT, HAROLD	13.10 NAME	
12.11 STREET ADDRESS	3129 N.W. 11TH ST.	13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	MIAMI FL	13.12 CITY-ST-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP		13.20 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 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: *William K Lyons* Director/Pastor 1-21-96 305-888-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period

CR2E037 (12/95)