

FILED

Mar 24 1997 8:00am

Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701449

(1)

1. Corporation Name

GRACE PRESBYTERIAN CHURCH, INC.



Principal Place of Business

Mailing Address

10991 58 ST NO
PO BOX 625
PINELLAS PK FL 34666
US10991 58 ST NO
PO BOX 625
PINELLAS PK FL 33780-0625
US3. Date Incorporated or Qualified
09/23/19603a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

59-2468444

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURRIDGE, ROBERT N., JR. (REV)
10991 58TH STREET N
PINELLAS PARK FL 34666

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, type 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 DP
NAME BROWN, THOMAS K
STREET ADDRESS 10804 75TH PLACE N
CITY - ST - ZIP SEMINOLE, FL 00000 ☐ DELETETITLE TDS
NAME BOWER, DAVID J.
STREET ADDRESS 6442-28TH TERRACE
CITY - ST - ZIP ST. PETERSBURG FL ☒ DELETETITLE D
NAME JOHNSON, WILLIAM
STREET ADDRESS 11147 57 AVENUE NORTH
CITY - ST - ZIP SEMINOLE FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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:

THOMAS K. BROWN

THOMAS K. BROWN

Date

3/17/97

544-8252

Daytime Phone: 0052082

CR2E037 (9/96)