

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR -7 AM 11:19

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra P. Robinson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701820 (3)  
1. Corporation Name  
GRACE BIBLE CHURCH OF PALM BAY, FLORIDA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2220 PORT MALABAR BLVD. N.E. PALM BAY FL 32905  
2220 PORT MALABAR BLVD. N.E. PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1960 3a. Date of Last Report 02/02/1994  
4. FEI Number 59-2260660 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 20 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
TIMOTHY O. HEATH  
229 NEMO CIR., NE  
PALM BAY FL 32907  
JASON Childs  
2038 Palm Place Dr NE  
Palm Bay, FL 32905

10. Name and Address of New Registered Agent  
81 Name JASON Childs  
82 Street Address (P.O. Box Number is Not Acceptable) 2038 Palm Place Dr NE  
83  
84 City Palm Bay FL 85 Zip Code 32905

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 4-2-95  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME IRVIN, JAMES  
STREET ADDRESS 2708 WATKINS DR.  
CITY-ST-ZIP MELBOURNE FL  
TITLE SD  
NAME HEATH, TIMOTHY  
STREET ADDRESS 229 NEMO CIRCLE, NE  
CITY-ST-ZIP PALM BAY FL  
TITLE TD  
NAME ARTEAGA, PATRICIA  
STREET ADDRESS 1015 BRICKELL ST., S.E.  
CITY-ST-ZIP PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE SD JASON Childs  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 2038 Palm Place Drive NE  
2.4 CITY-ST-ZIP Palm Bay, FL 32905  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 checked, or on an attachment with an address.

SIGNATURE: [Signature] James M. Frewin DATE 3/1/95 (41) 727-8830  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Leave Blank)