FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

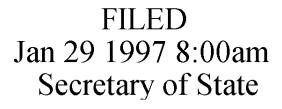
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(3)

GRACE BIBLE CHURCH OF PALM BAY, FLORIDA, INC.

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 32905-5624										
										3. Date Incorporated or Qualified 12/21/1960	3a. Da	te of La 06/13			
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			Apı	olied For	7
21				26	26					59-2260660			Not	Applicable]
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State				F	City & State								00	May Be	1
23			28	1					Trust Fund Contribution Added			ded to	Fees	╛	
Zip 24	Country 25			29	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
9. Name and Address of Current F										10. Name and Address of New Registered Agent					
							81	Name	,		-				1
JAMES N. IRVIN								Stree	Address (P.O. Box Number is Not Acceptable)						-
2708 WATKINS DR.								01100		as (r.e. bear rumber is not neceptab					1
MELBOURNE FL 32907															
							84	City			FL	85	Zip C	ode	1
11. Pursuant t	to the provisi	ions of Section	ons 617 0502	and f	617 1508 Florida Sta	atules the	ahov	e-name	d corpr	pration submits this statement for the p		changi	na its	registered	4
office or re	egistered ag	ent, or both,	in the State of	of Flori		as authori	zed by	y the co		on's board of directors. I hereby accep					
SIGNATURE _	TO TAKE ME	in, and acce	pr the obliga		or, 600,1011 0 77,0000,	, 1 101100 0	iciato	o .							1
Signature, typed or printed name of registered agent a					and title diapplicable. (NOTE: Registo			ont signatu	re require	d when reinstating)	DATE].
12.		OF	FICERS AND	DIRE			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND]8
TITLE	PD				☐ DELETE	1.7	1 TITLE		1			Chai	nge	Addition	ò
NAME	IRVIN, J					1.	2 NAME		1						5
STREET ADDRESS		ATKINS DF						ADDRESS	1						200
CITY-ST-ZIP TITLE	SD SD	JRNE FL	· · · · · · · · · · · · · · · · · · ·		DELETE		4 CITY - S	ST-ZIP	100	.		XI Chai	naa	Addition	ڄٰاِ
NAME		DE DATTI					1 TITLE 2 NAME		SE	>+1/10 m/		Collai	ige	Audilion	1
STREET ADDRESS	WITSHIRE, PATTI ESS 396 GODFREY RD, S.E.							2.3 STREET ADDRESS 1.32		RA WIISON					ı
CITY-ST-ZIP	PALM B		, U.L.				4 CITY -		DA	RA WILSON 5 HOLLOW BROOK LA M BAY, FL 32950					
TITLE	1D	***			☐ DELETE		1 TITLE	31-711	7 /74	11 10119, 1- 32,13-		Cha	nae	Addition	+
NAME	BAKER,	JUDY				3.3	2 NAME					_	•		
STREET ADDRESS		lkaria ri)			3.3	3 STREET	ADDRESS							
CITY-ST-ZIP	VALKAR	IA FL				3.4	4. CITY-	ST-ZIP							
TITLE					☐ DELETE	4.	1 TITLE		 			Chai	nge	Addition	1
NAME						4.	2 NAME								
STREET ADDRESS						4.3	3 STREET	ADDRESS							
CITY-ST-ZIP							4 CITY - 5	ST-ZIP							
TITLE					☐ DELETE		1 TITLE					Chai	ige	Addition	
NAME							2 NAME								
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP					DELETE		4 CITY - S	ST-ZIP					nac	Addition	4
TITLE					וון טנונונ		1 TITLE					Chai	ige	Addition	
NAME ATRICET ADDRESS							2 NAME								
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP						6.4	4 CITY - S	si-ZIP							_

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.