


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707357 (0)					
1. Corporation Name GRACE CHURCH OF THE ASSEMBLIES OF GOD, INCORPORATED					
Principal Place of Business 6117 WEST FAIRFIELD DRIVE P O BOX 3279 PENSACOLA FL 32516-0445			Mailing Address 6117 WEST FAIRFIELD DRIVE P O BOX 3279 PENSACOLA FL 32516-3279		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1964	
21		26		3a. Date of Last Report 01/31/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-1883323	
23 City & State		28 City & State		Applied For <input type="checkbox"/> Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GRACE CHURCH OF THE ASSEMBLIES, INC. 6117 WEST FAIRFIELD DRIVE PENSACOLA FL 32506				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	
				FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	NASH, PETER E				
STREET ADDRESS	1324 ELDORADO DR				
CITY - ST - ZIP	PENSACOLA FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BEECH, ELLIS L, REV				
STREET ADDRESS	1920 COPE LAND				
CITY - ST - ZIP	PENSACOLA FL				
TITLE	BPD	<input type="checkbox"/> DELETE			
NAME	STEWART, JOE				
STREET ADDRESS	5900 FLAXMAN ST				
CITY - ST - ZIP	PENSACOLA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Peter E Nash</i> REQUIRED Jan 31, 1997 484-2081					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)