

# 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 # 710897

(0)

1. Corporation Name

GRACE BRETHREN CHURCH, INC.



Principal Place of Business

701 S. PARROTT AVE.  
OKEECHOBEE FL 34974-5137  
US

Mailing Address

701 S. PARROTT AVE.  
OKEECHOBEE FL 34974-5139  
US

3. Date Incorporated or Qualified  
05/17/1966

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-1701165

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

8. 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

WILLIAMS, CLAYTON  
701 S PARROTT AVE  
OKEECHOBEE FL 34974

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T  
NAME FORTNER, L. C., JR.  
STREET ADDRESS % 701 S. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

D  
NAME HAYES, RICHARD  
STREET ADDRESS 701 S. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

D  
NAME DEARBORN, ED  
STREET ADDRESS 701 S. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

D  
NAME MCGOWN, DAVIE  
STREET ADDRESS 701 S PARROTT AVE  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ Change ☐ Addition  
1.1 TITLE  
1.2 NAME Richard A. Payne  
1.3 STREET ADDRESS % 701 S. Parrott Ave.  
1.4 CITY-ST-ZIP Okeechobee Fl.

D ☒ Change ☐ Addition  
2.1 TITLE  
2.2 NAME David McGown Jr.  
2.3 STREET ADDRESS 701 S. Parrott Ave.  
2.4 CITY-ST-ZIP Okeechobee Fl.

D ☒ Change ☐ Addition  
3.1 TITLE  
3.2 NAME Phillip Elders  
3.3 STREET ADDRESS 701 S. Parrott Ave.  
3.4 CITY-ST-ZIP Okeechobee Fl.

☐ Change ☐ Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition  
6.1 TITLE  
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 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: Richard A. Payne *Richard A. Payne* 3/23/96 1-941-763-6503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)