

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 712113 (0)  
 1. Corporation Name  
 GRACE BRETHREN CHURCH OF MAITLAND, FLORIDA, INC.



Principal Place of Business  
 1185 N. WYMORE RD.  
 MAITLAND FL 32751

Mailing Address  
 1185 N. WYMORE RD.  
 MAITLAND FL 32751

3. Date Incorporated or Qualified 01/18/1967  
 3a. Date of Last Report 06/22/1995  
 4. FEI Number 59-2124090  
 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country  
 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country  
 30

9. Name and Address of Current Registered Agent  
 BERKLAND, MARK L  
 369 BANYAN DR  
 MAITLAND FL 32751

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	GUILLES, RON	
STREET ADDRESS	1185 N. WYMORE RD.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	BOGER, THEODORE W.	
STREET ADDRESS	135 HATTAWAY DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, JUDY	
STREET ADDRESS	1400 POBRIDGE ST	
CITY-ST-ZIP	APOPKA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HERZIG, DAVID	
STREET ADDRESS	637 KEY DEER CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BERKLAND, MARK	
STREET ADDRESS	369 BANYON DR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Butler, Ben	
1.3 STREET ADDRESS	1185 N. Wymore Rd	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
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 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: [Signature] 6-8-96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0003890

CR2E037 (3/96)