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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712113

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/18/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2124090	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

BUTLER, BEN L.
357 BANYAN DR
MAITLAND FL 32751

correction →

10. Name and Address of New Registered Agent

81	Name	Butler, Ben L.	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD GUILLES, RON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1185 N. WYMORE RD.	1.2 NAME	
STREET ADDRESS	MAITLAND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT KOONTZ, STEVE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1185 N. WYMORE RD	2.2 NAME	
STREET ADDRESS	MAITLAND FL 32751	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT BUTLER, BEN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1185 N WYMORE RD	3.2 NAME	
STREET ADDRESS	MAITLAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT HERZIG, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	637 KEY DEER CT	4.2 NAME	
STREET ADDRESS	APOPKA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VDT BERKLAND, MARK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	369 BANYON DR.	5.2 NAME	
STREET ADDRESS	MAITLAND FL 32751	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Ben Butler Ben L. Butler 04/20/99 407-332-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)