## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02 1998 8:00am

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998		DIVISION OF CORPORATIONS				Secretary of State					
DOCU 1. Corporation	MENT # 7	16639	(0)					01 <b>0</b> tu	<i>1 y 0 1</i>		acc
GRACE	E BAPTIST CHURC										
Principal Place of Business Mailing Address							-	I <b>n G</b> irk <b>o dikan</b> iki '			Dil Bibli indi
628 E. PALMETTO AVE. 628 E. PALMETTO AVE.							3. Date Incorporated or Qualified				
MELBOURNE F	L 32901	MELI	BOURNE FL 32901				05/30/196				. <u>—</u> .—
							4. FEI Number	! Se			plied For
2. Principal P	lace of Business	2a.	2a. Mailing Address			59-247000	1	П	\$8.75	ot Applicable	
Suite, Apt.	# -10	26				5. Certificate of Sta			Fee Re		
22	#, etc.	_	Suite, Apt. #, etc			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & Stat	е		City & State			7. Is this nonprofit corporation a homeowners association?					
Zip	Countr	28	Zip	Cour	ntrv	•	8. This corporation	swaa ar baa r		No	
24	25	29	•	30	,		Personal Property				angible ] No
Name and Address of Current Registered Agent					81 Nar	••	10. Name and Addr	ess of New F	legistered A	gent	
MCTAGG	GART, R. R.							1			
3536 BOB WHITE CT						et Addre	ss (P.O. Box Number I	s Not Accepta	able)		
MELBOURNE FL 32904					83			1			
				f	84 City			1	FL	85 Zip (	Code
11. Pursuant	to the provisions of Sect egistered agent, or both m familiar with, and acc	tions 617.0502 and 617	1508, Florida Statu	tes, the ab	ove-nam	ed corpo	ration submits this stat	ement for the		hanging it:	s registered
agent, I a	m familiar with, and acc	ept the obligations of,	section 617.0503, F	autnorizeo Iorida Statu	i by the c ites.	orporatio	on's board of directors.	nereby acc	apt the appoi	ntment as	registered
SIGNATURE _	Signature, typed or printed name	of registered agent and title if	apolicable. (NO	TE: Registered	Agent signa	ture required	d when reinstating)	!	DATE		
12.		FFICERS AND DIRECT	ORS	13.			ADDITIONS/CHAN	GES TO OFF		DIRECTOR	S IN 12
TITLE	STD		☐ DELETE	1.1 1111					Ε	Change	☐ Addition
NAME	MCTAGGART, R.R.			1.2 NA				1			
STREET AODRESS	3536 BOB WHITE	CT			REET ADDRES	is					
CITY-ST-ZIP	MELBOURNE FL		DELETE		Y-ST-ZIP			1		T Change	Addition
TITLE	VD <u>ROSBROOK, MICH</u>	IACI	☐ DELEGE	2.1 TITU 2.2 NAM					L	Change	
					_			·			
ರ.ಗರ್ಧಗ/ಕರ್ಯಮು	2902 S RULLINS S				REET ADDRES	s					1
CITY-ST-ZIP TITLE	MELBOURNE, FL (	1000	DELETE	3,1 TITI	TY-ST-ZIP Le	PI	7 .			<b>C</b> hange	Addition
NAME	FRANCE, ARTIS			3.2 NA	ME	1.		ا ــــا			
STREET ADDRESS	1720 BOTTLECRU	SH NF #102		3.3 STF	REET ADORES	is   65	O STRAWBRI	OGE AV	# 140	7	
CITY-ST-ZIP	PALM BAY FL	011112 # 102		- 1	TY-ST-ZIP	m	ELBOURNE	FL.32	901-47	<u> </u>	
TITLE	PD		DELETE	4,1 TITI	LE			i	L	Change	Addition
NAME	ROBERTS, MOOD	Υ		4, 2 NA	ME						
STREET ADDRESS	628 E. PALMETTO			4.3 STF	REET ADDRE	SS		I			
CITY-ST-ZIP	MELBOURNE FL				Y-ST-ZIP			·		Change	Addition
TITLE	D		DELETE	5.1 TIT				1	Ľ	originge	
NAME	BOWEN, ARBIN			5.2 NA		_					
STREET ADDRESS	1634 KERO CT.			1	REET ADDRE	35		1			
CITY-ST-ZIP	MELBOURNE FL		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP 1 F					Change	Addition
TITLE				6.1 NA				į. į			
NAME STREET ADDRESS				1	REET ADDRE	ss		}			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.