FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90087 044 ****61.25

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DOCUMENT # 716639

1. Corporation Name
GRACE BAPTIST CHURCH OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
628 E. PALMETTO AVE. MELBOURNE FL 32901	628 E. PALMETTO AVE. MELBOURNE FL 32901

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/30/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2470066 ☐ Applied For ☐ ~~Not Applicable~~
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCTAGGART, R. R.
3536 BOB WHITE CT
MELBOURNE FL 32904

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 _____ 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	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCTAGGART, R.R.		1.2 NAME		
STREET ADDRESS	3536 BOB WHITE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSBROOK, MICHAEL		2.2 NAME		
STREET ADDRESS	2902 S ROLLINS ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FRANCE, ARTIS		3.2 NAME		
STREET ADDRESS	650 STRAWBRIDGE AVE #1407		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		3.4. CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, MOODY		4. 2 NAME		
STREET ADDRESS	628 E. PALMETTO AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOWEN, ARBIN		5.2 NAME		
STREET ADDRESS	1634 KERO CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	~~PD~~	☐ DELETE	6.1 TITLE	PD	☐ Change ☒ Addition
NAME	~~RANDY L. GRABER~~		6.2 NAME	RANDY L. GRABER	
STREET ADDRESS	~~628 E. PALMETTO AV~~		6.3 STREET ADDRESS	628. E. PALMETTO AV	
CITY-ST-ZIP	~~MELBOURNE FL 32901~~		6.4 CITY-ST-ZIP	MELBOURNE FL 32901	

CR2E037 (11/98)

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: R. R. MCTAGGART R.R. MCTAGGART 1-25-99 407-723-6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #