

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 # 717543 (3)
1. Corporation Name
GRACE FELLOWSHIP OF ORLANDO, INC.



Principal Place of Business: **5495 CLARCONA OCOEE RD., ORLANDO FL 32810**
Mailing Address: **5495 CLARCONA OCOEE RD., ORLANDO FL 32810**

3. Date Incorporated or Qualified: **11/12/1969**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields for Suite, Apt. #, etc. and City & State.
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: **59-1870191**
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
**JONES, R. SCOTT
5633 BRECKENRIDGE CIRCLE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent (81-85)
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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
1.1 TITLE: **SD** DELETE
1.2 NAME: **WHITE, HELEN M**
1.3 STREET ADDRESS: **5020 LIMING AVE**
1.4 CITY-ST-ZIP: **ORLANDO, FL 00000**
2.1 TITLE: **DT** DELETE
2.2 NAME: **BELLAMY, ROBIN E.**
2.3 STREET ADDRESS: **5317 FALLING WATER DR**
2.4 CITY-ST-ZIP: **ORLANDO FL**
3.1 TITLE: **PD** DELETE
3.2 NAME: **JONES, R. SCOTT**
3.3 STREET ADDRESS: **5633 BRECKENRIDGE CIR.**
3.4 CITY-ST-ZIP: **ORLANDO FL**
4.1 TITLE: **SD** DELETE
4.2 NAME: **Stephenson, Dorris**
4.3 STREET ADDRESS: **325 E. Highland St.**
4.4 CITY-ST-ZIP: **Altamonte Spring, FL 32701**
5.1 TITLE: DELETE
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: DELETE
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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: *Dorris Stephenson* **Dorris Stephenson** 2-7-96 407 834-6038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, time Phone #

CR2E037 (12/95)