

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3: 15

DOCUMENT # 719986 (2)

1. Corporation Name
GRACE BIBLE CHURCH OF CAPE CANAVERAL, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| CAPE CANAVERAL INC 408 TYLER AVE CAPE CANAVERAL FL 32920 | CAPE CANAVERAL INC 408 TYLER AVE CAPE CANAVERAL FL 32920 |

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 3. Date Incorporated or Qualified 12/29/1970 | 3a. Date of Last Report 02/28/1994 |
| 4. FEI Number NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

IRVIN, WM C
45 S. ATLANTIC AVE.
COCOA BEACH FL

10. Name and Address of New Registered Agent

| | |
|----|--|
| 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | P |
| NAME | MURPHY, J.D. |
| STREET ADDRESS | 408 TYLER AVE. |
| CITY - ST - ZIP | CAPE CANAVERAL FL |
| TITLE | VD |
| NAME | CHURCH, F. E. |
| STREET ADDRESS | 5931 HOMESTEAD AVE |
| CITY - ST - ZIP | PT. ST. JOHN FL |
| TITLE | D |
| NAME | GLENN, LEO JR |
| STREET ADDRESS | 145 ARTEMIS BLVD. |
| CITY - ST - ZIP | MERRITT ISLAND FL |
| TITLE | D |
| NAME | YODER, JAMES |
| STREET ADDRESS | 312 BELMONT DRIVE |
| CITY - ST - ZIP | COCOA FL |
| TITLE | DST |
| NAME | MURPHY, N. L. |
| STREET ADDRESS | 408 TYLER AVE. |
| CITY - ST - ZIP | CAPE CANAVERAL FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VD |
| 2.3 STREET ADDRESS | Tucker, Larry |
| 2.4 CITY - ST - ZIP | 3617 Bannock Street COCOA, FL 32926 |
| 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 110.07(9)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy L. Murphy Date: 2/12/95 Office Phone #: 407-733-5279
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR