

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **719986** (2)

GRACE BIBLE CHURCH OF CAPE CANAVERAL, INC.



Principal Place of Business: CAPE CANAVERAL INC, 408 TYLER AVE, CAPE CANAVERAL FL 32920
Mailing Address: CAPE CANAVERAL INC, 408 TYLER AVE, CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: 12/29/1970
3a. Date of Last Report: 02/16/1995
4. FEI Number: NOT APPLICABLE
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
25. Country, 29. Country

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, 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 officer 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: _____

12. OFFICERS AND DIRECTORS
P MURPHY, J.D. 408 TYLER AVE. CAPE CANAVERAL FL VD
TUCKER, LARRY 3617 BANNOCK ST COCOA FL D
GLENN, LEO JR 145 ARTEMIS BLVD. MERRITT ISLAND FL D
YODER, JAMES 312 BELMONT DRIVE COCOA FL DST
MURPHY, N. L. 408 TYLER AVE. CAPE CANAVERAL FL

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 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: *Dr. John D. Murphy* 1/16/96 407-783-5279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)