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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

2. Principal Place of Business

45 S. ATLANTIC AVE.

(2)

2a. Mailing Address

GRACE BIBLE CHURCH OF CAPE CANAVERAL, INC.

## **FILED** Jan 22 1998 8:00am Secretary of State

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	3. Date Incorporated or Qualified 12/29/1970			
	On a Grant The 12 September 1	4. FEI Number	Applied For		
		NOT APPLICABLE	Not Applicat		

2. 21	Principal Place of Business	2a. 26	Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Required
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	City & State	28	City & State			7. Is this nonprofit corporation a homeowners association?
24	Zip Country 25	29	Zip Co	untry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes X No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
	IRVIN,WM C			81 82	Name Street Addres	s (P.O. Box Number is Not Acceptable)

COCOA BEACH FL Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered

83

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE.	Signature, typed or printed name of registered agent and ti	lie if applicable (NOTE	E. Registered Agent signature requi	fred when reinstating) DATE						
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition						
NAME	MURPHY, J.D.		1,2 NAME							
STREET ADDRESS	408 TYLER AVE.		1.3 STREET ADDRESS							
CMY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP							
TITLE	VD	DELETE	2.1 TITLE	Change Addition						
NAME	TUCKER, LARRY		2.2 NAME							
STREET ADDRESS	3617 BANNOCK ST		2.3 STREET ADDRESS							
CITY-ST-ZIP	COCOA FL		2. 4 CITY-ST-ZIP							
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Addition						
NAME	YODER, JAMES		3.2 NAME							
STREET ADDRESS	312 BELMONT DRIVE		3.3 STREET ADDRESS							
CITY-ST-ZIP	COCOA FL		3.4. CITY-ST-ZIP							
TITLE	ĎŜT	DELETE	4.1 TITLE	Change Addition						
NAME	MURPHY, N. L.		4. 2 NAME							
STREET ADDRESS	408 TYLER AVE.		4.3 STREET ADDRESS							
CITY-ST-ZIP	CAPE CANAVERAL FL		4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE	Change Addition						
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY - ST - ZIP			5.4 CITY-ST-ZIP							
TITLE	<del></del> -	DELETE	6.1 TITLE	Change Addition						
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							

14. Thereby 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 12 if changed, or on an attachment with an address.

SIGNATURE: