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Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

01-29-1999 90054 046 *****70.00

DOCUMENT # 719986

1. Corporation Name

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/29/1970

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

IRVIN, WM BIBLE CHURCH OF CAPE CANAVERAL, INC.
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME MURPHY, J.D.
STREET ADDRESS 408 TYLER AVE.
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE VD DELETE

NAME TUCKER, LARRY
STREET ADDRESS 3617 BANNOCK ST
CITY-ST-ZIP COCOA FL

TITLE D DELETE

NAME YODER, JAMES
STREET ADDRESS 312 BELMONT DRIVE
CITY-ST-ZIP COCOA FL

TITLE DST DELETE

NAME MURPHY, N. L.
STREET ADDRESS 408 TYLER AVE.
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *J. D. Murphy* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Jan 99

Date

407-783-5279

Daytime Phone #

CR2E037 (11/98)