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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721078 (4)

1. Corporation Name  
GRACE COMMUNITY CHURCH OF BRANDON, INC.



Principal Place of Business: 1300 N. VALRICO VALRICO FL 33594 US  
Mailing Address: P.O. BOX 843 BRANDON FL 33509-0843 US

3. Date Incorporated or Qualified: 06/03/1971  
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields for address details.

4. FEI Number: 59-1354143  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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: GUSTAFSON, REV. R.R. 1300 N. VALRICO ROAD GRACE COMMUNITY CHURCH VALRICO FL 33594

10. Name and Address of New Registered Agent (81-85) fields for name, address, city, and 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: \_\_\_\_\_

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include VD JOHNSON, BILL; PD GUSTAFSON, R R; SD INZERILLI, TONY.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 1.1-6.4 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

14. I do 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 2/14/97 Daytime Phone #: 813/689-9781

CR2E037 (9/96)