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Secretary of State

07-23-1999 90006 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729532					
1. Corporation Name GRACE BIBLE CHURCH, JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business 6118 BOWDEN ROAD JACKSONVILLE FL 32216			Mailing Address 6118 BOWDEN ROAD JACKSONVILLE FL 32216		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/02/1974 4. FEI Number 59-1519722 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CURRIER, CHARLES 7880 JOLLIET DR JACKSONVILLE FL 32217			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 obligation of, Section 617.0503, Florida Statutes. SIGNATURE <i>Charles J. Currier</i> DATE 7-13-99 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME KINMAN, DARRYL STREET ADDRESS 2434 PEACH DR CITY-ST-ZIP JACKSONVILLE FL 32246			1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Treasurer 1.3 STREET ADDRESS Robert Brookes 1.4 CITY-ST-ZIP 5223 Oxford Gable Ln. W. Jacksonville, FL 32257		
TITLE T <input checked="" type="checkbox"/> DELETE NAME GOLTIAO, AL STREET ADDRESS 1467 TAMA RAN CITY-ST-ZIP JACKSONVILLE FL 32259			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S <input type="checkbox"/> DELETE NAME CURRIER, CHARLES STREET ADDRESS 7880 JOLLIET DR CITY-ST-ZIP JACKSONVILLE FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME WINTON, CHARLES STREET ADDRESS 11846 YALDING DR. CITY-ST-ZIP JACKSONVILLE FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

Charles J. Currier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Currier

7/13/99

9047312833

Daytime Phone #

CR2E037 (5/99)