

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730557 (6)
1. Corporation Name
GRACE BRETHREN CHURCH OF ORLANDO, FLORIDA, INC.



Principal Place of Business Mailing Address
5425 APOPKA-VINELAND RD ORLANDO FL 32819

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 29 Country 30

3. Date Incorporated or Qualified **08/29/1974** 3a. Date of Last Report **04/10/1995**
4. FEI Number **59-1575344** Applied For 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

9. Name and Address of Current Registered Agent

**LEWIS, ALBERT L.
201 E. PINE ST.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **Dr. Charles R. Davis**
82 Street Address (P.O. Box Number is Not Acceptable) **6228 NW 37th Terrace**
83
84 City **Gainesville** FL 85 Zip Code **32653**

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 *Charles R. Davis*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, JOHN SR.	
STREET ADDRESS	12218 MEDAN STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MANSEL, VERONICA	
STREET ADDRESS	4818 SHOSHONE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINS, SUSAN	
STREET ADDRESS	12112 CUBEB COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINS, JOHN L	
STREET ADDRESS	12112 CUBEB CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Charles R. Davis	
1.3 STREET ADDRESS	6228 NW 37th Terrace	
1.4 CITY-ST-ZIP	Gainesville, FL. 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Champion	
2.3 STREET ADDRESS	7218 Prato Avenue	
2.4 CITY-ST-ZIP	Orlando, FL. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Chamblin	
3.3 STREET ADDRESS	8602 Sandberry Blvd.	
3.4 CITY-ST-ZIP	Orlando, FL. 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Charles R. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/17/96**

Daytime Phone #

CR2E037 (12/95)