

**AMENDED**

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**FILED**

**96 SEP -6 AM 8:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 730557 (6)**  
1. Corporation Name

**GRACE BRETHREN CHURCH OF ORLANDO, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**5425 S. Apopka Vineland Rd. same  
Orlando, Florida 32819**

3. Date Incorporated or Qualified <b>08/29/1974</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>59-1575344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**  
**Dr. Charles R. Davis  
6228 NW 37th Terrace  
Gainesville, Florida 32653**

<b>10. Name and Address of New Registered Agent</b>	
81 Name <b>John L. Diaz</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>12218 Medan Street</b>	
83	
84 City <b>Orlando</b>	85 Zip Code <b>FL 32837</b>

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>Dr. Charles R. Davis</b> <input checked="" type="checkbox"/> DELETE <b>6228 NW 37th Terrace Gainesville, Florida 32653</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>John Champion</b> <input type="checkbox"/> DELETE <b>7218 Prato Avenue Orlando, Florida 32819</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>James Chamblin</b> <input type="checkbox"/> DELETE <b>8602 Sandberry Blvd. Orlando, Florida 32819</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>John L. Diaz</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>12218 Medan Street Orlando, Florida 32837</b>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<b>90000183P2013</b> <b>-03/20/96 --01010--002</b> <b>*****61.25 *****61.25</b>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>James Chamblin</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8602 Sandberry Blvd. Orlando, Florida 32819</b>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<b>David Anderson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11923 Ottawa Avenue Orlando, Florida 32837</b>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<b>John Robins</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>12112 Cubeb Court Orlando, Florida 32837</b>
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)