

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730557 (6)
1. Corporation Name
GRACE BRETHREN CHURCH OF ORLANDO, FLORIDA, INC.



Principal Place of Business
**5425 APOKA VINELAND RD
ORLANDO FL 32819**

Mailing Address
**5425 APOKA VINELAND RD
ORLANDO FL 32819**

3. Date Incorporated or Qualified
08/29/1974

4. FEI Number
59-1575344

Applied For
☐ Not Applicable

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
25 Country	30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DIAZ, JOHN L
12218 MEDAN STREET
ORLANDO FL 32837**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11901 Cantora Court

83

84 City **Orlando,** FL 85 Zip Code **32837**

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	PD	<input type="checkbox"/> DELETE
NAME	DIAZ, JOHN L	
STREET ADDRESS	12218 MEDAN STREET	
CITY - ST - ZIP	ORLANDO FL 32837	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAMPION, JOHN	
STREET ADDRESS	7218 PRATO AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAMBLIN, JAMES	
STREET ADDRESS	8802 SANDBERRY BLVD	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DAVID	
STREET ADDRESS	11923 OTTAWA AVENUE	
CITY - ST - ZIP	ORLANDO FL 32837	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBINS, JOHN	
STREET ADDRESS	12112 CUBEB COURT	
CITY - ST - ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11901 Cantora Court
1.4 CITY - ST - ZIP	Orlando, FL. 32837
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Cheryle Grillo
4.3 STREET ADDRESS	5717 Briar Drive
4.4 CITY - ST - ZIP	Orlando, Florida 32819
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Diaz

4/15/98

407-876-3178

CR2E037 (10/97)