

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

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



Principal Place of Business <b>5425 APOPKA VINELAND RD ORLANDO FL 32819</b>	Mailing Address <b>5425 APOPKA VINELAND RD ORLANDO FL 32819</b>
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3. Date Incorporated or Qualified <b>08/29/1974</b>		
4. FEI Number <b>59-1575344</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Country	28 Zip Country
24	29
25	30

**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) <b>11901 Cantora Court</b>
83
84 City <b>Orlando,</b> FL 85 Zip Code <b>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, JOHN L</b>	
STREET ADDRESS	<b>12218 MEDAN STREET</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32837</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>CHAMPION, JOHN</b>	
STREET ADDRESS	<b>7218 PRATO AVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>CHAMBLIN, JAMES</b>	
STREET ADDRESS	<b>8802 SANDBERRY BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32819</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, DAVID</b>	
STREET ADDRESS	<b>11923 OTTAWA AVENUE</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32837</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBINS, JOHN</b>	
STREET ADDRESS	<b>12112 CUBEB COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32837</b>	
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	<b>11901 Cantora Court</b>
1.4 CITY - ST - ZIP	<b>Orlando, Fl. 32837</b>
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	<b>SD Cheryle Grillo</b>
4.3 STREET ADDRESS	<b>5717 Briar Drive</b>
4.4 CITY - ST - ZIP	<b>Orlando, Florida 32819</b>
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 addendum with an address.

**SIGNATURE:** *John L. Diaz* Date: *4/15/98* Division Phone #: *409-876-3178*

CR2E037 (10/97)