

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90108 016 \*\*\*\*61.25

DOCUMENT # 730557

1. Corporation Name

GRACE BRETHREN CHURCH OF ORLANDO, FLORIDA, INC.

Principal Place of Business  
5425 APOPKA VINELAND RD  
ORLANDO FL 32819

Mailing Address  
5425 APOPKA VINELAND RD  
ORLANDO FL 32819



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/29/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1575344

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

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

DIAZ, JOHN L  
11901 CANTORA COURT  
ORLANDO FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DIAZ, JOHN L  
STREET ADDRESS 11901 CANTORA COURT  
CITY-ST-ZIP ORLANDO FL 32837

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME CHAMPION, JOHN  
STREET ADDRESS 7218 PRATO AVE  
CITY-ST-ZIP ORLANDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME CHAMBLIN, JAMES  
STREET ADDRESS 8602 SANDBERRY BLVD  
CITY-ST-ZIP ORLANDO FL 32819

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME GRILLO, CHERYLE  
STREET ADDRESS 5717 BRIAR DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

2.5

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)