

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 18 PM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
|--|---|---|
| <p>CORPORATION ANNUAL REPORT 1995</p> |  | <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p> |
|--|---|---|

DOCUMENT # 736079 (5)
1. Corporation Name
GRACE BIBLE CHURCH OF NAPLES, INC.

| | |
|---|---|
| Principal Place of Business 6590 GOLDEN GATE PKWY NAPLES FL 33990 | Mailing Address 6590 GOLDEN GATE PKWY NAPLES FL 33990 |
|---|---|

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

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 3. Date Incorporated or Qualified 06/11/1976 | 3a. Date of Last Report 06/03/1994 |
| 4. FEI Number 59-1685912 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under §. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BUCKEL, ROBERT
4501 TAMAMI TRAIL N.
STE 400
NAPLES FL 33940**

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 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------------|
| TITLE | D |
| NAME | CARNELL, STEPHEN |
| STREET ADDRESS | 1097 CARDINAL ST |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | TD |
| NAME | MACE, EDWARD |
| STREET ADDRESS | 14323 POND APPLE DR E |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | SD |
| NAME | RUGANIS, MICHAEL |
| STREET ADDRESS | 3590 13TH AVENUE SW |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | D |
| NAME | KANNENSOHN, JEFF |
| STREET ADDRESS | 525 WHISPERING PINE CT |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | D |
| NAME | BUCKEL, ROBERT |
| STREET ADDRESS | 4501 TAMAMI TRAIL N. STE 400 |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|--|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY - ST - ZIP |
| 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 type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY - ST - ZIP |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 above, or on an attachment with an address.

SIGNATURE:  **EDWARD MACE, TREASURER** 1-12-95 813-969-8207
Signature, typed or printed name of signing officer or director Date