

FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736079					
1. Corporation Name GRACE BIBLE CHURCH OF NAPLES, INC.					
Principal Place of Business 24 NAPLES FL 34105 US			Mailing Address 6590 GOLDEN GATE PKWY NAPLES FL 34105 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/11/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1685912	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOERFLINGER, LLOYD 257 MONTEREY DR NAPLES FL 34119				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				Naples FL 34102			

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 Robert Buckel, Robert Buckel, Chairman DATE 4/27/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HULBERT, LAURIE	1.2 NAME	
STREET ADDRESS	1913 MISSION DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	VILLANI, LOU	2.2 NAME	KURTZ, RANDY
STREET ADDRESS	6150 10TH AVENUE SW	2.3 STREET ADDRESS	746 Mainsail Place
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	TD ☒ DELETE	3.1 TITLE	TD ☐ Change ☒ Addition
NAME	RUGANIS, MICHAEL	3.2 NAME	MACF, EDWARD
STREET ADDRESS	3590 13TH AVENUE SW	3.3 STREET ADDRESS	13423 Pond Apple Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Edward Mace Edward Mace, Treasurer DATE 4/27/99 941-263-8257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)