


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90191 009 ****70.00

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|--|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 737137 | | | | | |
| 1. Corporation Name GRACE CHAPEL MINISTRIES, INC. | | | | | |
| Principal Place of Business 2741 130TH TERRACE RT 2, BOX 175 WELLBORN FL 32094 US | | | Mailing Address 2741 130TH TERRACE RT 2, BOX 175 WELLBORN FL 32094 US | | |



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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 2741 130th Terrace Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 2741 130th Terrace Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 3. Date Incorporated or Qualified 10/25/1976 4. FEI Number 59-3098734 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent LOVELADY, ROGER B. 2741 130TH TERRACE WELLBORN FL 32094 | | | | 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 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.

(NO) E: Registered Agent signature required when reinstating.

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOVELADY, NIOMA BERNIECE | 1.2 NAME | |
| STREET ADDRESS | ROUTE 1, BOX 175 | 1.3 STREET ADDRESS | 2741 130th Terrace |
| CITY-ST-ZIP | WELLBORN FL | 1.4 CITY-ST-ZIP | 32094 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COURSON, NAOMI MONA ROY | 2.2 NAME | |
| STREET ADDRESS | ROUTE 1, BOX 175 | 2.3 STREET ADDRESS | 2741 130th Terrace |
| CITY-ST-ZIP | WELLBORN FL | 2.4 CITY-ST-ZIP | 32094 |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOVELADY, ROGER BURNELL | 3.2 NAME | |
| STREET ADDRESS | ROUTE 1, BOX 175 | 3.3 STREET ADDRESS | 2741 130th Terrace |
| CITY-ST-ZIP | WELLBORN FL | 3.4 CITY-ST-ZIP | 32094 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

ROGER B. LOVELADY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)