2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # 737711 1. Entity Name 04-30-2004 90291 044 ****61.25 GRACE AND TRUTH CHAPEL, INC. Principal Place of Business Mailing Address C/O RICHARD K DISCHER 3661 BAHAMA ROAD 3603 CATALINA RD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. MOORE " CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1717533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD K. DISCHER Street Address (P.O. Box Number is Not Acceptable) 3661 BAHAMA ROAD PALM BEACH GARDENS FL 33410 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition DISCHER, RICHARD NAME NAME 3661 BAHAMA RD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DISCHER, RUTH L NAME NAME 3661 BAHAMA ROAD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change DISCHER, ROBERT NAME NAME 5920 CURRY FORD RD., APT 62 STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change __ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A/25/04
Date Dayling Phone #