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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738634 (5)

1. Corporation Name
GRACE AND TRUTH HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
700-710 NORTH 11TH STREET PALATKA FL 32177	309 NORTH 9TH STREET PALATKA FL 32177 US

3. Date Incorporated or Qualified: 04/11/1977

4. FEI Number: 59-2355802 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELLS, CORA B. 309 N. 9TH STREET PALATKA FL 32177	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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FELLS, CORA B.		1.2 NAME	
STREET ADDRESS	309 N. 9TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FELLS, EUGENE JR.		2.2 NAME	
STREET ADDRESS	309 N 9TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GILMORE, CATRECIA L		3.2 NAME	
STREET ADDRESS	2806 ST. JOHNS AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAYS, BETTY L		4.2 NAME	
STREET ADDRESS	2305 HUSSON AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, CATHY G		5.2 NAME	
STREET ADDRESS	RT 1 BOX 355		5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCASKILL, LILLIE B.		6.2 NAME	
STREET ADDRESS	1006 MADISON STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Cora B. Fells Cora B. Fells 4/27/98 904-328-5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number