FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:02

DOCUMENT # 739778 (9)

1. Corporation Name
GRACE FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1702 LAUREL ST. SARASOTA FL 34236	1702 LAUREL ST. SARASOTA FL 34236

3. Date Incorporated or Qualified: 08/02/1977
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1761136 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BEW, BOBERT
5250 MANZ PLACD, JASMAN #113
SARASOTA FL 34232

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VERNON, ROBERT R. JR.	1.2 NAME	Robert Bew	
STREET ADDRESS	1828 SUNNY DR #D27	1.3 STREET ADDRESS	5250 Manz Pl. #113	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Sarasota, Fl. 34232	
TITLE	T	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BOS, MAARTEN	2.2 NAME	Ted Hunniford Jr.	
STREET ADDRESS	4228 PARRY DR.	2.3 STREET ADDRESS	3402 Bay St.	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	Sarasota, Fl. 34237	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BEW, ROBERT	3.2 NAME	Terry Ryden	
STREET ADDRESS	2121 WOOD ST #211C	3.3 STREET ADDRESS	1016 Greer Dr.	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	Sarasota, Fl. 34237	
TITLE	PD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	HUNNIFORD, J.T. JR.	4.2 NAME	Jerry Birky	
STREET ADDRESS	3402 BAY ST	4.3 STREET ADDRESS	1049 Gnatt Ave.	
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP	Sarasota, Fl. 34232	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Bew Feb 21, 1995 (813) 371-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
Robert Bew
X351

0018577