


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 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 # 743029 (1) 1. Corporation Name GRACE COMMUNITY CHURCH OF ORMOND BEACH, FLORIDA, INC.					
Principal Place of Business 1060 W. GRANADA BLVD. ORMOND BEACH FL 32174 US			Mailing Address 1060 W. GRANADA BLVD. ORMOND BEACH FL 32174 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/25/1978 4. FEI Number 59-1905936 Applied For Not Applicable	
9. Name and Address of Current Registered Agent OCEALIS, MICHAEL 1252 VANDERBILT DR ORMOND BEACH FL 32174				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. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUDDENI, MIKE		1.2 NAME		
STREET ADDRESS	1013 SHOCKNEY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, EARL		2.2 NAME		
STREET ADDRESS	52 BROOKWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, EVAN		3.2 NAME		
STREET ADDRESS	105 BANYAN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH. FL		3.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OCEALIS, MICHAEL		4.2 NAME		
STREET ADDRESS	1252 VANDERBILT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		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.

SIGNATURE: Michael Ocealis **REQUIRE** Michael Ocealis 1/12/98 904/673-0145

CR2E037 (10/97)