## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1997 DOCUMENT #** 

744018

(3)

3. Date incorporated or Qualified Sa. Date of Lest Report 3/16/19/8  2. Principal Place of Business	GRACE Principal Place 6801 NORTH 9' PENSACOLA FL	TH AVE.	Mailing Address  6001 NORTH 9TH AVE. PENSACOLA FL 32501-7			11.					
2. Principal Prace of Business   2a. Mailing Address   4. FEI Number   59-1283958   1Act Applied F. S9-1283958   1Act Applied F. S9-	TENONOUNT	. 0.007	1 2130110021110				-	3. Date Incorporated or Qualified	3a. C		
Suite, Apr. e. otc.    Suite, Apr. e. otc.   Suite, Apr. e. otc.   Suite, Apr. e. otc.	2. Principal Pl	ace of Business	2a Mailing Address								
Suite, Apt. #, etc.    Suite, Apt. #, etc.	<del>-</del> 1 '	doe of goomeoy	<del></del>					59-1283958		<del></del>	Applicable
City & State  Street Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  BICKEL, CRAIG  4419 EASTPOINTE DR  PENSACOLA FL 32514  BISTER ADDRESS  BISTER ADDRESS  City & Street Address (P.O. Box Number is Not Acceptable)  City & FL  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617.6502 and 617.4506, Ejoride Statutes, the abovernamed corporation submits this statement for the purpose of changing its register agent and the provisions of Sections 617.6502 and 617.4506, Ejoride Statutes, the abovernamed corporation submits this statement for the purpose of changing its register agent and the interview of registered agent or both in the State of Floride Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent agent are registered agent or both in the State of Floride Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agents agent and so the properties of section 617.6503, Floride Statutes.  SIGNAL THE STATE ADDRESS TO OFFICERS AND DIRECTORS  11. Pursuant to the provisions of section 617.6503, Floride Statutes.  CITY STAP  DELETE 11 THILE  DELETE 11 THILE  SOUTH ADDRESS TO OFFICERS AND DIRECTORS  11. STATE ADDRESS  DELETE ADDRESS  SOUTH ADDRESS TO OFFICERS AND DIRECTORS IN 12  Change Address (P.O. Box Number is Not Acceptable)  The State Address (P.O. Box Number is Not Acceptable)  The Power of the purpose of changing fire and the provision of section 617.6506, Floride Statutes.  CITY STAP ADDRESS TO OFFICERS AND DIRECTORS IN 12  THE STATE ADDRESS  SOUTH		#, etc.						E. Codificate of Status Desired	X		
Zpp   Country   Zip   Country   Zip   Country   S. Thus Fund Contribution   Acaded to Peee   Acaded to Peee   Zip   Country   S. This corporation has liability for interglible tax under s. 199.03   Finida Statutes   Yee   No.								b. Certificate of Status Desired	<b>F-3</b>	Fee Re	polited
Zip   Country   Zip   Country   B. This corporation has liability for intemplie tex under s. 199.03	<del>_</del>		<del></del>					L1			
BICKEL, CRAIG 419 EASTPOINTE DR PENSACOLA FL 32514  BICKEL, CRAIG 4410 EASTPOINTE DR PENSACOLA FL 32514  BICKEL, CRAIG 4410 EASTPOINTE DR PENSACOLA FL 32514  BICKEL, CRAIG 4410 EASTPOINTE DR BICKEL CRAIG 4410		Country		Cou	ntrv		<del> </del> -				
BICKEL, CRAIG 4419 EASTPOINTE DR PENSACOLA FL 32514  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes. The above-named corporation autimits this statement for the purpose of changing fits register of 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503 (Provision Statutes).  SIGNATURE  Signal Line  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  OUTY-51-2P  DELETE  11 TIME  SUBJECT ADDRESS  SOD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  OUTY-51-2P  SUBJECT ADDRESS  SOD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  OUTY-51-2P  SUBJECT ADDRESS  SOD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  OUTY-51-2P  SUBJECT ADDRESS  SOD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  OUTY-51-2P  SUBJECT ADDRESS  SOD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIMER ADDRESS  OUTY-51-2P  PENSACOLA FL 32561  THE  TWEET ADDRESS  SOD PARKWOOD AVE  22 SIMER ADDRESS  SOT PARKWOOD AVE  23 SIRRET ADDRESS  SOT PARKWOOD AVE  24 SIRRET ADDRESS  SOT PARKWOOD AVE  35 SIRRET ADDRESS  SOT PARKWOOD AVE  42 SIMER SIRRET ADDRESS  SOT PARKWOOD AVE  57 FINY COUNTY  CONTON OF THE SIMER ADDRESS  SOT PARKWOOD AVE  57 FINY COUNTY  CONTON OF THE SIMER ADDRESS  SOT PARKWOOD AVE  57 FINY COUNTY  CONTON OF THE SIMER ADDRESS  SOT PARKWOOD AVE  57 FINY COUNTY  CONTON OF THE SIMER ADDRESS  SOT PARKWOOD AVE  58 SIRRET ADDRESS  SOT PARKWOOD AVE  59 SIRRET ADDRESS  SOT PARKWOOD AVE  50 SIRRET ADDRESS	····	<u> </u>									
BICKEL, CRAIG 4419 EASTPOINTE DR PENSACOLA FL 32514  B2 Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL 85 Zip Code  B4 City  FL 86 Zip Code  B4 City  B4 City B4 City B4 City B4 City B4 City B4 City B4 City B4	<u> </u>					1:					
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### City ###	BICKEL,	CRAIG		-	82	Street A	Address	(P.O. Box Number is Not Accept	able)	······································	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride Statutes, the above-named corporation authritis this statement for the purpose of changing its register of control 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 register agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    12.	PENSAC	OLA FL 32514			63						
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Floride Statutes, the above-named corporation submits this statement for the purpose of Changing its register agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature, speed or printed name of registeria agent and title if applicable.  (NOTE: Registered Agent alignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE  NAME  KNOERR, RALPH  SIPSET ADDRESS  OCTY-51-2P  SD  AD DELETE  1.1 TITLE  SD  AD DELETE  1.2 TITLE  SD  AD DELETE  2.2 TITLE  SD  AD DELETE  2.2 TITLE  SD  AD DELETE  3.3 TREET ADDRESS  OCTY-51-2P  PRISACOLA FL 32561  THE  T  DELETE  T  DELETE  3.1 TITLE  SD  AD DELETE  3.2 TREET ADDRESS  CITY-51-2P  PENSACOLA FL 32564  THE  T  ADAME  MYERS, GWEN Y  3.2 NAME  3.3 STREET ADDRESS  3.4 DELETE  3.1 TITLE  SD  AD DELETE  3.2 NAME  AD DELETE  3.3 STREET ADDRESS  CITY-51-2P  CACHTY-51-2P  THE  AD DELETE  5.1 TITLE  CACHTY-51-2P  CACHTY-51-2P				İ	84	City				85 Zip (	Code
SIGNATURE		(0.4) 047.050	0								
SIGNATURE	office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Stat of Florida, Such change wa	utes, the at s authorized	ove-r I by ti	hamed he corp	corporat poration's	tion submits this statement for the board of directors. I hereby acc	e purpose o cept the ap	ot changing it pointment as	s registered registered
Superior proof or printed remore of registrosia agent and title it applicable.   (NOTE: Registrosia deport algenture required when reintating)   DATE	agent. I ar	m familiar with, and accept the oblig	ations of, Section 617.0503, f	Florida Stat	utes.			·		•	•
12.	SIGNATURE _	Sinnal re-typed or printed name of registered age	on and title if applicable (N	OTF: Beginterer	Agent	eignet ve	required wh	nen reinstatinn)	DATE		
NAME   KNOERR, RALPH										D DIRECTOR	S IN 12
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CITY-ST-ZIP  14. I do 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		ov cortily that the information supplies	d with this filing does not out				tetert in S	Section 119 07/3Vi) Florida Statu	das I furth	er certify that	the

SIGNATURE

appears in Block 12 or

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/97

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**FILED** 

Apr 18 1997 8:00am

Secretary of State

Daytime Phone # 0072698

CHZE03/ (9/96)