

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1996 9-15-96

B-1183-C DIVISION OF CORPORATIONS

DOCUMENT # 746122 (1)

1. Corporation Name

GRACE BIBLE CHURCH OF DELAND, FLORIDA, INC.



Principal Place of Business

Mailing Address

872 GLENWOOD ROAD  
DELAND FL 32729-0240

9 POINSETTIA DR  
872 GLENWOOD ROAD  
DELAND FL 32720-0240  
32724

3. Date Incorporated or Qualified  
03/02/1979

3a. Date of Last Report  
05/11/1995

21. Principal Place of Business  
Casselberry Women's Club  
Suite, Apt. #, etc.

2a. Mailing Address  
9 Poinsettia Dr.  
Suite, Apt. #, etc.

4. FEI Number  
59-2301516

Applied For  
Not Applicable

22. 251 Overbrook Dr.

27. 28. Deland FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. Casselberry FL

28. Deland FL

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

24. Zip Country  
25. Seminole

29. 32724 30. Volusia

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENYON, ROBERT  
9 POINSETTE DRIVE  
DELAND FL 32720

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Robert Kenyon Robert Kenyon President - 2/8/96  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENYON, ROBERT	
STREET ADDRESS	9 POINSETTA DRIVE	
CITY - ST - ZIP	DELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ARNOLD	
STREET ADDRESS	154 DOVER LANE	
CITY - ST - ZIP	DELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EDWARDS, ELAYNE	
STREET ADDRESS	270 SANDYHOOK LANE	
CITY - ST - ZIP	DELAND FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DeWitt H. Huntington	
STREET ADDRESS	784 Windwillow Circle	
CITY - ST - ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.D. DeWitt H. Huntington
2.3 STREET ADDRESS	784 Windwillow Circle
2.4 CITY - ST - ZIP	Winter Springs FLA. 32708
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VSD DeWitt H. Huntington
4.3 STREET ADDRESS	784 Windwillow Circle
4.4 CITY - ST - ZIP	Winter Springs FL 32708
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: Robert Kenyon Robert Kenyon 2/8/96 904 737-3159  
Date Daytime Phone #

CR2E037 (12/95)