

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **749636** (7)
1. Corporation Name
GRACE COMMUNITY CHAPEL, INC.



Principal Place of Business Mailing Address
5545 62ND AVE. N. PINELLAS PARK FL 34665-5524

3. Date Incorporated or Qualified **11/02/1979** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-2086161** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOWLAND, ROBERT THOMAS
5545 - 62ND AVE. N.
PINELLAS PARK FL 34665

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	KELLEY, TIMOTHY
STREET ADDRESS	5545 62 AVE. N.
CITY-ST-ZIP	PINELLAS PARK, FL 0
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BROOKS, STEVEN M.
STREET ADDRESS	8035 65TH WAY N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MULLER, EARL
STREET ADDRESS	7234 57TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	TD <input type="checkbox"/> DELETE
NAME	MC FARLAND, CHRIS
STREET ADDRESS	5545 62 AVE. N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WILLIAMS, TED
STREET ADDRESS	5793 73 ST. N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	MULLER, EARL
3.4 CITY-ST-ZIP	7234 57TH AVE. NO.
	ST. PETERSBURG FL 33709
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	SEC/TREAS
6.3 STREET ADDRESS	BARBARA STEIN
6.4 CITY-ST-ZIP	6932 STONES THROW CIRCLE
	ST. PETERSBURG, FL 33710

14. I do hereby certify that the information furnished on this report is true and accurate and 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: **BARBARA J. STEIN** *Barbara J. Stein* 813-545-5643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Process

CR2E037 (12/95)