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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
5545 62ND AVE. N. PINELLAS PARK FL 33781-5524

3. Date Incorporated or Qualified 11/02/1979  
3a. Date of Last Report 04/15/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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

10. Name and Address of New Registered Agent

HOWLAND, ROBERT THOMAS  
5545 - 62ND AVE. N.  
PINELLAS PARK FL 34665

81 Name CHASE, JAMES A.  
82 Street Address (P.O. Box Number is Not Acceptable) 4601 16TH AVE., NORTH  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33713

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 James A. Chase  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETED  
NAME KELLEY, TIMOTHY  
STREET ADDRESS 5545 62 AVE. N.  
CITY-ST-ZIP PINELLAS PARK, FL 0  
TITLE ST DELETED  
NAME BARBARA STEIN  
STREET ADDRESS 6932 STONES THROW CIRCLE  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE VP DELETED  
NAME MULLER, EARL  
STREET ADDRESS 7234 57TH AVENUE, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE TD DELETED  
NAME MCFARLAND, CHRIS  
STREET ADDRESS 5545 62 AVE. N.  
CITY-ST-ZIP PINELLAS PARK FL  
TITLE TD DELETED  
NAME WILLIAMS, TED  
STREET ADDRESS 5793 73 ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE TD Change Addition  
1.2 NAME BROOKS, STEVEN M.  
1.3 STREET ADDRESS 8035 65TH WAY NO.  
1.4 CITY-ST-ZIP PINELLAS PARK, FL 33781  
2.1 TITLE TD Change Addition  
2.2 NAME ALUISY, GARY  
2.3 STREET ADDRESS 5555 62ND AVE., NO.  
2.4 CITY-ST-ZIP PINELLAS PARK, FL 33781  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change 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 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: [Signature] 1/10/97 813-545-5643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052117

CR2E037 (9/96)