

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749636

1. Corporation Name

GRACE COMMUNITY CHAPEL, INC.

Principal Place of Business

5545 62ND AVE. N.
PINELLAS PARK FL 34665-5524

Mailing Address

5545 62ND AVE. N.
PINELLAS PARK FL 34665-5524

2. Principal Place of Business

21 **7400 62ND TERRACE N**
Suite, Apt. #, etc.

2a. Mailing Address

26 **7400 62ND TERRACE N**
Suite, Apt. #, etc.

City & State

23 **PINELLAS PARK, FL**
Zip Country

City & State

28 **PINELLAS PARK, FL**
Zip Country

24 **33781** 25 **USA**

29 **33781** 30 **USA**

9. Name and Address of Current Registered Agent

CHASE, JAMES A
4601 16TH AVE, N
ST PETERSBURG FL 33713

3. Date Incorporated or Qualified

11/02/1979

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

10. Name and Address of New Registered Agent

81 Name

Robert Howland

82 Street Address (P.O. Box Number is Not Acceptable)

801 83rd Ave. N

83 **St. Petersburg, FL 33702**

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

Robert Howland

(NOTE: Registered Agent signature required when reinstating)

Jan. 8, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
KELLEY, TIMOTHY
STREET ADDRESS **5545 62 AVE. N.**
CITY-ST-ZIP **PINELLAS PARK, FL 0**

TITLE ☐ DELETE

NAME **ST**
BARBARA STEIN
STREET ADDRESS **6932 STONES THROW CIRCLE**
CITY-ST-ZIP **ST. PETERSBURG-FL**

TITLE ☐ DELETE

NAME **VP**
MULLER, EARL
STREET ADDRESS **7234 57TH AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **TD**
MCFARLAND, CHRIS
STREET ADDRESS **5545 62 AVE. N.**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME **TD**
WILLIAMS, TED
STREET ADDRESS **5793 73 ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **TD**
BROOKS, STEVEN M
STREET ADDRESS **8035 65TH WAY N**
CITY-ST-ZIP **PINELLAS PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **7400 62nd Terrace No.**

1.4 CITY-ST-ZIP **Pinellas Park, FL 33781**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **Chase, James A.**

3.4 CITY-ST-ZIP **4601 17th Ave., No**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **St. Petersburg, FL 33713**

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS **7400 62nd Terrace No.**

5.4 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

727-545-5643

Daytime Phone #

CR2E037 (11/98)

0056192

FILED
Apr 16, 1999 8:00 am
Secretary of State

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