

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752024 (0)
1. Corporation Name
GRACE NEW COVENANT MINISTRIES, INC.



Principal Place of Business 3101 S. KINGSWAY RD. SEFFNER FL 33584 US	Mailing Address PO BOX 635 SEFFNER FL 33584 US
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3. Date Incorporated or Qualified 04/15/1980	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2916503	

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

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CRUZ, REV. VICTOR
716 W PLYMOUTH STREET
TAMPA FL 33607**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GONZALEZ, REV. ELVIN
STREET ADDRESS	2103 LUMSDEN RD.
CITY-ST-ZIP	VALRICO FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	CRUZ, REV. VICTOR
STREET ADDRESS	716 W. PLYMOUTH ST.
CITY-ST-ZIP	TAMPA FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	AGUILA, AIDA
STREET ADDRESS	1801 CITRUS ORCHARD
CITY-ST-ZIP	VALRICO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BERMUDEZ, ABRAHAM
STREET ADDRESS	512 INNERGARY PL
CITY-ST-ZIP	VALRICO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SILVA, BERNALDO
STREET ADDRESS	104 GOLDENWOOD AVE.
CITY-ST-ZIP	BRANDON 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 checked="" type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	Jose Acosta
1.4 CITY-ST-ZIP	2404 Woodberry Pl. #103 Brandon, Fla. 33510
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Yolanda Guzman
2.4 CITY-ST-ZIP	841 Greenbelt Circle Brandon, Fla. 33510
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 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 type="checkbox"/> 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 registrar 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: _____ **REQUIRED**

CR2E037 (10/97)