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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

Mailing Address

3101 S. KINGSWAY RD.
SEFFNER FL 33584
US

PO BOX 635
SEFFNER FL 33584
US

3. Date Incorporated or Qualified

04/15/1980

4. FEI Number

59-2916503

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
GONZALEZ, REV. ELVIN
STREET ADDRESS **2103 LUMSDEN RD.**
CITY - ST - ZIP **VALRICO FL**

TITLE ☐ DELETE

NAME **VP**
CRUZ, REV. VICTOR
STREET ADDRESS **716 W. PLYMOUTH ST.**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **ST**
AGUILA, AIDA
STREET ADDRESS **1801 CITRUS ORCHARD**
CITY - ST - ZIP **VALRICO FL**

TITLE ☐ DELETE

NAME **D**
BERMUDEZ, ABRAHAM
STREET ADDRESS **512 INNERGARY PL**
CITY - ST - ZIP **VALRICO FL**

TITLE ☐ DELETE

NAME **D**
SILVA, BERNALDO
STREET ADDRESS **104 GOLDENWOOD AVE.**
CITY - ST - ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition

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 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 registered agent 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)