## **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 # 752024**

1. Corporation Name

GRACE NEW COVENANT MINISTRIES, INC.

## Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90155 043 \*\*\*140.00

Principal Plac	e of Business	Mailing Address						-	
3101 S. KING		PO BOX 635	PO BOX 635				1811 BER 1818 BER 1818	'  <b>6:8</b>    <b>1:8</b>    6:6   <b>6</b>    <b>6</b>	I <b>eus</b> isti
SEFFNER FL	33584		SEFFNER FL 33584						i araki i ari
US		US			11861	il chant Riich e			11 614() 158)
					1		•		
Principal Place of Business     2a. Mailing Address				Date Incorporated or Qualifect			r Qualifed	<del></del>	
21	-	26			04/15/	04/15/1980			
	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For			
22		27			59-29	16503			Applicable
City & Sta	te,	City & State			5. Certificat	te of Status	Desired 🔣	\$8.75 A	
23		28			U. Cortina		200,,00	Fee Rec	quired
Zip	Country	Zip	Country	1	6. Election	Campaign	Financing	\$5.00	
24	25 29 30			Trust Fund Contribution Added to Fees					
	9. Name and Address of Curren	t Registered Agent			10. Name a	nd Addres	s of New Register	red Agent	
	•		81	Name				•	
CRUZ, REV. VICTOR				Street A	ddress (P.O. Box Number is Not Acceptable)				
716 W PLYMOUTH STREET			83		<u> </u>				
TAMPA FL 33607			83						
,				City				S5 Zip C	ode
				<u> </u>			-	(	
office or	to the provisions of Sections 617,0502 registered agent, or both, in the State	of Florida, Such change was at	uthorized by	the comor	corporation submits ration's board of di	this statem rectors. I he	ent for the purpose reby accept the a	e of changing its to opointment as reg	istered
agent. I a	am familiar with, and accept the obligat	tions of, Section 617.0503, Flor	rida Statutes	š.					
SIGNATURE	·						DATE	· · · · · · · · · · · · · · · · · · ·	·····
12.	Signature, typed or printed name of registered agen OFFICERS AN		Registered Age	nt signature rec	quired when reinstating) ADDITIO	NS/CHANG	ES TO OFFICERS		RS IN 12
	P	D DIRECTORS DELETE	1.1 TITLE	Т				Change	Addition
TITLE	1		1.2 NAME		D v	1 1	_	•	- <b>**</b> ·
NAME .	GONZALEZ, REV. ELVIN		,	TADDRESS (	Guzman Ye 841 Greei	olanda olanda	i Circle		
STREET ADDRESS					Brandon,				Ì
CITY-ST-ZIP	VALRICO FL	☐ DELETE	1.4 CITY-5	S1-ZIP 1	Di anuon,	114.	<u> </u>	Change	Addition
TITLE	VP		. 2.2 NAME	1			•		
NAME	CRUZ, REV. VICTOR		-	TADDRESS		-	a gamenta		
STREET ADORESS									
CITY-ST-ZIP	TAMPA FL	☐ DELETE	2, 4 CITY-	31-ZP	<del></del>		<u> </u>	Change	Addition
TITLE	ST ACUILA AIDA		3.2 NAME	Ì			•		
NAME	AGUILA, AIDA			TADDRESS					
STREET ADDRESS		•							٠
CITY-ST-ZIP	VALRICO FL	☐ DELETE	3.4. CITY-	51-ZIP		<del></del>	<del> </del>	☐ Change	Addition
TITLE	D DEDMINES ADDAMAN	ال محبداد	4.1 IIILE				-		
NAME	BERMUDEZ, ABRAHAM						- , ,	• • •	,
STREET ADDRESS	0.20.000			TADORESS	•		¥ .		. ,
CITY-ST-ZIP	VALRICO FL		4,4 CITY-S	ST-ZIP			:		

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.

5.1 TITLE

5,2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

SILVA, BERNALDO

**BRANDON FL** 

ACOSTA, JOSE

104 GOLDENWOOD AVE.

2404 WOODBERRY PL #103

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

Change

☐ Addition

Addition