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Jan 30 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 # 755227 (6)
1. Corporation Name
GRACE BAPTIST CHURCH OF CLEARWATER, INC.



Principal Place of Business Mailing Address
2787 SUNSET POINT ROAD 2787 SUNSET POINT ROAD
CLEARWATER FL 34619 CLEARWATER FL 34619-1508

3. Date Incorporated or Qualified 11/21/1980 3a. Date of Last Report 01/26/1996
4. FEI Number 59-1847593 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

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
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YUSKO, REV JOHN
1505 LAKE WAY
CLEARWATER FL 34616

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	YUSKO, REV JOHN			1.2 NAME			
STREET ADDRESS	1505 LAKE WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	BROWER, PAUL			2.2 NAME			
STREET ADDRESS	1963 ELLIOTT DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	MAGILLIGAN, KAREN			3.2 NAME			
STREET ADDRESS	1960 UNION ST #13			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 as an attachment with an address

SIGNATURE Karen Magilligan 1/21/97 (013) 517/1305

CR2E037 (9/96)