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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755337** (3)
1. Corporation Name
SEBRING GRACE BROTHERS CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3626 THUNDERBIRD ROAD SEBRING FL 33872		3626 THUNDERBIRD ROAD SEBRING FL 33872	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip		Zip	
Country		Country	

3. Date incorporated or Qualified	3a. Date of Last Report
12/02/1980	05/19/1994
4. FBI Number	Applied For
59-2229674	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOTT, DONALD P 305 DUNLIN AVE SEBRING FL 33872				81 Name BRIAN HOBBS			
				82 Street Address (P.O. Box Number is Not Acceptable) 107 KAROLA DR			
				83			
				84 City SEBRING FL 85 Zip Code 33870			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Brian Hobbs **BRIAN HOBBS**
Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when rotating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGREN, DAVID	1.2 NAME	OGDEN, DAVID
STREET ADDRESS	209 IBIS AVE	1.3 STREET ADDRESS	204 IBIS AVE
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WENDELL D	2.2 NAME	
STREET ADDRESS	15 NORTE DAME ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, DONALD P	3.2 NAME	HOBBS, BRIAN
STREET ADDRESS	305 DUNLIN AVE	3.3 STREET ADDRESS	107 KAROLA
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, MARVIN	4.2 NAME	
STREET ADDRESS	2402 HIDDEN CREEK CIR	4.3 STREET ADDRESS	000001420520
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	-03/03/95--01041--007
TITLE	S	5.1 TITLE	*****68.50 *****68.50 Addition
NAME	MILLER, ELSIE	5.2 NAME	
STREET ADDRESS	1010 WIGHTMAN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOE	6.2 NAME	TAYLOR, JOE
STREET ADDRESS	2412 HIDDEN CREEK CIR	6.3 STREET ADDRESS	2412 HIDDEN CREEK CIR
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	SEBRING FL 33870

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), 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.

SIGNATURE: David E. Ogden **DAVID E. OGDEN** 2/6/95 (813) 471-6110
Signature and typed or printed name of signing officer or director. Date. (Phone Number)