FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758300** **(8)**

1. Corporation Name

GRACE FELLOWSHIP, INC. OF LONGWOOD

Principal Place of Business	Mailing Address
237 FERNWOOD BLVD STE. 107 FERN PARK FL 32730 US	237 FERNWOOD BLVD STE. 107 FERN PARK FL 32730 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2140264 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21: 237 FERNWOOD BLVD.
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: 237 FERNWOOD BLVD.
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

HARLE, WILLIAM
201 WILLIAMS RD.
WINTER PARK FL 32708

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SANFORD, DAVID	12 NAME	HEINIGER, JAMES
STREET ADDRESS	2402 JEFFERSONC COURT	13 STREET ADDRESS	2817 CASA ALOMA WAY
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HARLE, WILLIAM	22 NAME	
STREET ADDRESS	201 WILLIANS RD	23 STREET ADDRESS	DELETE
CITY-ST-ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	ST ☒ Change ☐ Addition
NAME	VIRGIL, WOTHRICH	32 NAME	WUTHRICH, VIRGIL
STREET ADDRESS	1000 E. 1ST ST	33 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	34 CITY-ST-ZIP	
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	MYERS, TOM	42 NAME	
STREET ADDRESS	737 WINDWILLOW CIR	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ENGEL, JOE	52 NAME	
STREET ADDRESS	1000 E. FIRST ST	53 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COREY, JERRY	62 NAME	
STREET ADDRESS	100 TEMPLE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	64 CITY-ST-ZIP	

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 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.

SIGNATURE: Virgil Wuthrich VIRGIL WUTHRICH MARCH 30,1995 407-323-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031478