

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/03/1981

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 855 N. HIGHWAY 17-92

26 737 WINDWILLOW CIRCLE

4. FEI Number

59-2140264

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 LONGWOOD, FLORIDA

28 WINTER SPRINGS, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 32750

25 US

29 32708

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDE, WILLIAM
201 WILLIAMS RD.
WINTER PARK FL 32708

81 Name

JAMES HEINIGER

82 Street Address (P.O. Box Number is Not Acceptable)

2817 CASA ALOMA WAY

83

84 City

WINTER PARK

FL

85 Zip Code
32792

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

James Heiniger

JAMES HEINIGER

APRIL 7, 1996

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 HEINIGER, JAMES
STREET ADDRESS 2817 CASA ALOMA WAY
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME WUTHRICH, VIRGIL
STREET ADDRESS 1000 E. 1ST ST
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME MYERS, TOM
STREET ADDRESS 737 WINDWILLOW CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ DELETE

NAME ENGEL, JOE
STREET ADDRESS 1000 E. FIRST ST
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ DELETE

NAME COREY, JERRY
STREET ADDRESS 100 TEMPLE DR.
CITY-ST-ZIP LONGWOOD FL 32750

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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)(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:

Virgil Wuthrich

VIRGIL WUTHRICH

APR. 8, 1996

407-323-3430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)