FILE NOW: FILING FEE IS \$61.25

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION OF CO	RPORATI	SNC				
DOCU 1. Corporation	MENT # 760204	(8)						
GRAC	E CHURCH OF THE FIRST B	ORN OF MIAMIL INC.						
		The state of the s			I I BRISE IN DIE BRISE BOUR OF DE PARE	11 01 0 11013 0 100		l Bigir Bagir 1831
Principal Plac	o of Rusiness	NA-TILL ALL						
·		Mailing Address						1 arbit Albit 1881
14900 N.E. 1 P.O. BOX 64		P.O. BOX 640353						
n, miami be	ACH FL 33181	N. MIAMI FL 33164 US						
US					 Date Incorporated or Qualified 09/28/1981 		te of Last)4/20/1	
	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>		Applied For
21		26			59-2147290		} +	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	5 Additional
City & Stat	re	City & State				WZ.1	Fee	Required
23		28			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zφ	Country	 -	This corporation has liability for in	tanaible to		d to Fees
24	25	29 30	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Florida Statutes	l Yes 🗹	No	103.002,
	9. Name and Address of Current	Hegistered Agent	81	None	10. Name and Address of New Re	gistered A	gent	
RERKEI	L & BERKELL-RAFFERTY, P.A.		"	Name				
	I.E. 16TH AVENUE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	MIAMI BEACH FL 33162		83					
	<u> </u>		84	City		FL	11	p Code
 Pursuant or register 	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida	and 617.1508, Florida Statutes, the	e above-r	amed corpo	oration submits this statement for the purp ard of directors. I hereby accept the appoi		nging its r	egistered office
familiar wi	ith, and accept the obligations of, Section	n 617.0503, Florida Statutes.	r trie corpo	pration's bo	ard of directors. I hereby accept the appoil	ntment as r	egistered	agent. I am
SIGNATURE	Signature, typed or printed name of registered agent ar	ALCOV. P.	 ;;	·——·				
12.	OFFICERS AND		ustered Agen	signature recur	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE E DC: ANID I	DIDECTO	ES IN 10
TITLE	CD	DELETE		C.D.		-C-NUB		Addition
NAME	HAFFENDEN, CLINTON E.		1.2 NAME	E.	## Patitle	FCOVE	u/Z	
STREET ADDRESS	17600 NW 5 AVE, APT 903		1.3 STREET	ADDRESS C	JINM 500 24,			
CITY-ST-ZIP TITLE	MIAMI, FLORIDA 00000 PD	- Filories	14 CHY-5	- ZIP	M, 7/A, 331	69		
NAME	EDWARDS, SIGISMOND C.	DELETE	21 TITLE				Change	Addition
STREET ADDRESS	7836 JUNIPER STR		2 2 NAME					Ì
CITY - ST - ZIP	MIRAMAR FL		2 3 STREET	ļ				
TITLE	VD	DELETE	2 4 CITY - S 3.1 TITLE	- 1	. 0	rhz	Change	☐ Addition
NAME	HOFFENDEN, GARY A		3 2 NAME		ARY A. HOFFENDE	FN	Onlinge	L Addition
STREET ADDRESS	17600 N.W. 5TH AVENUE, #90	3	33 STREET	ADDRESS	BULLATUR 200 ST			
CITY-ST-ZIP	MAIMI, FLORIDA 0		34. CITY-S	r-ZIP	711/ NW. 200 31	69		l
TIFLE	TD	DEFELE	4.1 TITLE				Change	Addition
NAME PIRET ADDRESS	Spaulding, Rupert H. 180 N.E. 164th Street		4 2 NAME					
STREET ADDRESS CITY - ST - ZIP	MAIMI FL		4.3 STREET					
TITLE	SD	DELETE	4.4 CHTY-ST 5.1 THTLE	- ZIP			Charas	T Address
NAME	HEMMINGS, GLORIA	_	5.2 NAME	ł		Ц	Change	Addition
STREET ADDRESS	20035 NW 12 PLACE	ŀ	5.3 STREET A	ODRESS				
CITY-ST-ZIP	MIAMI FL		54 CITY-SI					
TITLE	D		61 TITLE				Change	Addition
NAME	PALMER, ROLYN P		6 2 NAME				•	
STREET ADDRESS	4321 NW 12 ST.	ł	6.3 STREET #	DORESS				
CITY-ST-ZIP	LAUDERHILL FL	L. Abrilla DV	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 activess.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

Dayting Phone &

305 947-1963