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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760204

1. Corporation Name
GRACE CHURCH OF THE FIRST BORN OF MIAMI, INC.

Principal Place of Business
 14900 N.E. 16 AVE.
 P.O. BOX 640353
 N. MIAMI BEACH FL 33181
 US

Mailing Address
 P.O. BOX 640353
 N. MIAMI FL 33164
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2147290	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERKELL & BERKELL-RAFFERTY, P.A. 16100 N.E. 16TH AVENUE NORTH MIAMI BEACH FL 33162				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAFFENDEN, CLINTON E.			1.2 NAME			
STREET ADDRESS	911 NW 200 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, SIGISMOND C.			2.2 NAME			
STREET ADDRESS	7836 JUNIPER STR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL			2.4 CITY-ST-ZIP			
TITLE	VO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFENDEN, GARY A			3.2 NAME			
STREET ADDRESS	911 NW 200 STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPAULDING, RUPERT H.			4.2 NAME			
STREET ADDRESS	180 N.E. 164TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEMMINGS, GLORIA			5.2 NAME			
STREET ADDRESS	20035 NW 12 PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, ROLYN P			6.2 NAME			
STREET ADDRESS	4321 NW 12 ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL			6.4 CITY-ST-ZIP			

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rupert Spaulding SIGNATURE REQUIRED: Rupert Spaulding 2/28/99 (305) 947-1963

CR2E037 (11/98)