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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 762392

1. Corporation Name

GRACE COMMUNITY CHURCH OF THE CHRISTIAN AND MISS
IONARY ALLIANCE, INC.

Principal Place of Business

1446-C SW 25TH AVENUE
BOYNTON BEACH FL 33426
US

Mailing Address

1446-C SW 25TH AVENUE
BOYNTON BEACH FL 33426
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/11/1982

4. FEI Number

59-0910355

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

9. Name and Address of Current Registered Agent

BROWN, GREGORY A REV
1446-C SW 25 AVE
BOYNTON BEACH FL 33426

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PPD
NAME BROWN, GREGORY A REV
STREET ADDRESS 1446-C S.W. 25TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE TD
NAME WARD, CHERRIEL
STREET ADDRESS 2587 SW 11TH CT
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE SD
NAME PAPPACARDO, DEBBIE
STREET ADDRESS 3418 CHANELAINE BLVD
CITY-ST-ZIP DELRAY BCH FL 33445

TITLE D
NAME LAYZEAUX, PIERRE
STREET ADDRESS 3619 LAKEVIEW BLVD
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME BROWN, ROBERT
STREET ADDRESS 1782 BANYAN CREEK CIRCLE N.
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D
NAME SENIKOFF, EDITH
STREET ADDRESS 4588 FRANCES DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
Elizabeth Colter Change Addition

1706 NE 2nd Ave

Delray Beach, FL 33444

~~Fr...~~

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

SIGNATURE REQUIRED DA, Brown

3/20/99 561-738-9642

CR2E037 (11/98)