

Mar 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 763578 (2)
1. Corporation Name
THE AMAZING GRACE CHRISTIAN TAPE MINISTRY, INC.Principal Place of Business Mailing Address
ROUTE 24 BOX 301 ROUTE 24 BOX 301
BALDWIN FL 32234 BALDWIN FL 32234-9602

3. Date Incorporated or Qualified 07/16/1982 3a. Date of Last Report 04/05/1996

2. Principal Place of Business Rd. 21 17143 New Brandy Branch	2a. Mailing Address Rd. 26 17143 New Brandy Branch	4. FEI Number 59-2295130	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Baldwin, FL	City & State 28 Baldwin, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32234	Country 25 Duval	29 32234	30 Duval
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOSLEY, WESLEY J ROUTE 24 BOX 301 BALDWIN FL 32234		81 Name MOSLEY, WESLEY J. 82 Street Address (P.O. Box Number is Not Acceptable) 17141 NEW BRANDY BRANCH ROAD 83 84 City BALDWIN FL 85 Zip Code 32234	

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 MOSLEY, WESLEY		1.2 NAME	
STREET ADDRESS ROUTE 24 BOX 301		1.3 STREET ADDRESS	
CITY-ST-ZIP BALDWIN FL		1.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, LOUISE		2.2 NAME	
STREET ADDRESS 11010 BRIDGES RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HULING, ROY		3.2 NAME	
STREET ADDRESS 418 BRANSCOMB ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043		3.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILBANKS, ROSE M		4.2 NAME	
STREET ADDRESS 6041 LONG BRANCH ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32234		4.4 CITY-ST-ZIP	
TITLE PCD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CREWS, S E		5.2 NAME	
STREET ADDRESS 3042 LOWELL AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Wesley J. Mosley* 3-10-97 904-286-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006261DOCUMENT # N94000002977 (6)
1. Corporation Name
THE GLADES COMMUNITY DEVELOPMENT CORPORATION

CR2E037 (9/96)