

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 # **764353** (9)

1. Corporation Name

GRACE CHURCH OF GOD TEMPLE, INC.



Principal Place of Business

Mailing Address

701 NE 40TH ST
POMPAÑO BEACH FL 33064

701 NE 40TH ST
POMPAÑO BEACH FL 33064

3. Date Incorporated or Qualified

07/29/1982

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **665 NE 40th Street**

26 **701 NE 40th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
POMPAÑO Beach, FL

27 City & State
Pompano Beach, FL.

23 Zip Country
33064 USA

28 Zip Country
33064 USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

**STEVENS, KENNETH G.
412 NE 4TH STREET
FT. LAUDERDALE FL 33301**

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 **INEZ DEVOE, PTD**

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 **PTD** ☐ DELETE
NAME **DEVOE, INEZ**
STREET ADDRESS **701 NE 40TH ST**
CITY-ST-ZIP **POMPAÑO BEACH FL**

TITLE **VSD** ☐ DELETE
NAME **DEVOE, RONALD L SR**
STREET ADDRESS **912 NW 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **TD** ☐ DELETE
NAME **DEVOE, FRED P JR**
STREET ADDRESS **5020 NW 17TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **TD** ☐ DELETE
NAME **ARMBRISTER, GERALD L**
STREET ADDRESS **3010 NW 17TH CT**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)