

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 # 771076 (7)
1. Corporation Name
GRACE BAPTIST CHURCH OF BELLEVIEW, FLORIDA, INC.



Principal Place of Business: **10835 SE 70TH AVE BELLEVIEW FL 32620**
Mailing Address: **P.O. BOX 1329 BELLEVIEW FL 34421-1329**

3. Date Incorporated or Qualified: **11/03/1983**
3a. Date of Last Report: **03/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2567245	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGINNIS, REVEREND LEE
2757 SE 160TH LANE
SUMMERFIELD FL 34491**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD MARTIN, KENNETH 10062 SE 125 PLACE BELLEVIEW FL 34420	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C.D FELIX DEGIA 10551 SE 52 CT BELLEVIEW FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	CD MUNN, RAYMOND 185 WATEROAK DR. LADY LAKE FL 32159	<input type="checkbox"/> DELETE	2.1 TITLE	C.D KENNETH PALMITER 9701 SE CRY HWY 25 SMITH LAKE SHORES, LOT 148 BELLEVIEW FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	CD SADDOW, THOMAS 9160 SE 140TH PL, P.O. BOX 279 SUMMERFIELD FL 34491	<input type="checkbox"/> DELETE	3.1 TITLE	C.D RAYMOND SNYDER 12878 SE 55 AVE Rd BELLEVIEW FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	T ERNEST RIESEN 11835 SE 70TH AVE RD BELLEVIEW FL 34420	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 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:

Ernest Riesen Treasurer

1-20-96

352 347 7895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)