


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771076** (7)
1. Corporation Name
GRACE BAPTIST CHURCH OF BELLEVUE, FLORIDA, INC.



Principal Place of Business 10835 SE 70TH AVE BELLEVUE FL 32620	Mailing Address P.O. BOX 1329 BELLEVUE FL 34421-1329
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3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 02/07/1986
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 59-2567245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**MCGINNIS, REVEREND LEE
2757 SE 180TH LANE
SUMMERFIELD FL 34491**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DEGIA, FELIX	
STREET ADDRESS	10551 SE 52 CT	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MUNN, RAYMOND	
STREET ADDRESS	185 WATEROAK DR.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SADDOW, THOMAS	
STREET ADDRESS	9160 SE 140TH PL, P.O. BOX 279	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ERNEST RIESEN	
STREET ADDRESS	11835 SE 70TH AVE RD	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PALMITER, KENNETH	
STREET ADDRESS	9701 SE CTY HWY 25	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SNYDER, RAYMOND	
STREET ADDRESS	12878 SE 55 AVE ROAD	
CITY-ST-ZIP	BELLEVUE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Ernest Riesen ERNEST RIESEN Treas. 2-1-97 352 347 7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064898

CR2E037 (9/96)