## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

771076

(7)

GRACE BAPTIST CHURCH OF BELLEVIEW, FLORIDA, INC.

## FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business	P.O.BOX 1329 BELLEVIEW FL 34421-1329			1   1   1   1   1   1   1   1   1   1	111 1 <b>68</b> 1		
10835 SE 70TH AVE BELLEVIEW FL 32620				3. Date Incorporated or Qualified			
				11/03/1983 4. FEI Number Applied	l For		
				<b>59-2567245</b> Not Ap	plicable		
Principal Place of Business     21	2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Addit Fee Require			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May I Trust Fund Contribution Added to Fee			
City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	Zip 29	Countr 30	y	8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name				
MCGINNIS, REVEREND LEE 2757 SE 160TH LANE		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SUMMERFIELD FL 34491		83					
		84	City	FL 85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 617.05</li> </ol>	02 and 617,1508, Florida Stat	tutes, the abov	e-named corr	poration submits this statement for the purpose of changing its req	istered		

					PL   <u> </u>					
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 T	O OFFICERS AND DIRECTOR					
TITLE	CD DELE	TE .	1.1 TITLE		Change	Addition				
NAME	MUNN, RAYMOND	ŀ	1.2 NAME							
Street Address	185 WATEROAK DR.		1.3 STREET ADDRESS							
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP		<u></u>					
TITLE	CD DELE	ŤΕ	2,1 TITLE		Change	☐ Addition				
NAME	SADDOW, THOMAS		2.2 NAME							
STREET ADDRESS	9160 SE 140TH PL, P.O. BOX 279		2.3 STREET ADDRESS			İ				
CITY-ST-ZIP	SUMMERFIELD FL 34491		2. 4 CITY-ST-ZIP							
TITLE	T DELE	TE	3.1 TITLE		☐ Change	Addition				
NAME	ERNEST RIESEN	1	3.2 NAME							
STREET ADDRESS	11835 SE 70TH AVE RD	1	3.3 STREET ADDRESS	•						
CITY-ST-ZIP	BELLEVIEW FL 34420		3.4. CITY-ST-ZIP							
TITLE	CD DELE	TE	4.1 TITLE		☐ Change	Addition				
NAME	PALMITER, KENNETH		4, 2 NAME							
STREET ADDRESS	9701 SE CTY HWY 25	I	4.3 STREET ADDRESS							
CITY-ST-ZIP	BELLEVIEW FL		4.4 CITY-ST-ZIP							
TITLE	CD DELE	TE j	5.1 TITLE		☐ Change	Addition				
NAME	SNYDER, RAYMOND	ı	5.2 NAME			Į				
STREET ADDRESS	12878 SE 55 AVE ROAD	ı	5.3 STREET ADDRESS							
CITY-ST-ZIP	BELLEVIEW FL		5.4 CITY-ST-ZIP							
TITLE	Dele	TE	6.1 TITLE		☐ Change	Addition				
NAME		1	6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CiTY - ST - ZiP			6.4 CITY-ST-ZIP	11 0 11 110 07 07 0 0 0 0 0 0 0 0 0 0 0						

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.

SIGNATURE:

INEXT KUREROURED

1-7-98

*35*2 *347 7895* 

(/6/01) /6032