

File 000004723

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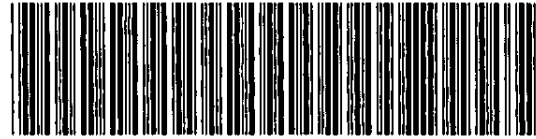
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 21 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 20 PM 4: 01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRACE GOSPEL FELLOWSHIP, INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

NICOLAS L. LANE
Name of Person

GRACE GOSPEL FELLOWSHIP, INC.
Firm/Company

2007 INGRAM AVE
Address

SARASOTA, FL 34232
City/State and Zip Code

NLANE822@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

NICOLAS LANE at (805) 908-5619
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. GRACE GOSPEL FELLOWSHIP, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. C2294206

(FEI number, if applicable)

4. FEB 10, 2003

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2007 INGRAM AVE, SARASOTA, FL 34232

(Principal office address)

(Current mailing address, if different)

8. NON-PROFIT CHURCH

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: NICOLAS LANE

Office Address: 2007 INGRAM AVE

SARASOTA

(City)

Florida 34232

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NEIL MARTIN

Address: 4221 LANCASTER DR.

SARASOTA, FL 34241

C.F.D. Vice President: RICHARD WAYNE MARTINEZ

Address: 4221 LANCASTER DR.

SARASOTA, FL 34241

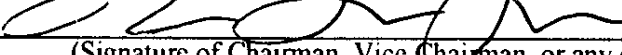
Secretary: NICOLAS LEE LANE

Address: 2007 INGRAM AVE, SARASOTA, FL 34232

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NICOLAS LEE LANE, SECRETARY
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GRACE GOSPEL FELLOWSHIP, INC.

FILE NUMBER: C2294206
FORMATION DATE: 02/10/2003
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 11, 2016.

ALEX PADILLA
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA