

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006080

1. Corporation Name

GRACE MISSION, INC.

Principal Place of Business

PO BOX 211025
WEST PALM BEACH FL 33421-1025

Mailing Address

PO BOX 211025
WEST PALM BEACH FL 33421-1025

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90012 015 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 246A		26 P.O. BOX 211025		11/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 ROYAL PALM BEACH BLVD		27		58-1310122	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 ROYAL PALM BEACH FL		28 ROYAL PALM BEACH FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33411		29 33421		Country	
Country		Country		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EVANS, JAMES L 246A ROYAL PLAZA/ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33421				81 Name JAMES L. EVANS	
				82 Street Address (P.O. Box Number is Not Acceptable) 217 SARATOGA BLVD. EAST	
				83	
				84 City ROYAL PALM BEACH FL 85 Zip Code 33411	
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 JAMES L. EVANS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME EVANS, JAMES L					
1.3 STREET ADDRESS 5217 S. MILITARY TRAIL					
1.4 CITY-ST-ZIP LAKE WORTH FL 33463					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME BECK, ALLEN J					
2.3 STREET ADDRESS 636 WILSON AVE					
2.4 CITY-ST-ZIP DALLASTOWN PA 17313					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME DRYDEN, WADE REV					
3.3 STREET ADDRESS 9130 HOWARD AVE					
3.4 CITY-ST-ZIP FT HOWARD MD 21052					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME CARLTON, JOHN					
4.3 STREET ADDRESS 2900 GREENE RD					
4.4 CITY-ST-ZIP BALDWIN MD 21013					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME RICHARDSON, USHER					
5.3 STREET ADDRESS 2080 HESTERTOWN RD					
5.4 CITY-ST-ZIP MADISON GA 30650					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME EVANS, JAMES L					
1.3 STREET ADDRESS 817 SARATOGA BLVD. EAST					
1.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411					
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JAMES L EVANS DIR 8/10/99 561-791-7686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)