

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).

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

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

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	



2. Principal Place of Business 21 246A Suite, Apt. #, etc. 22 ROYAL PALM BEACH BLVD City & State 23 ROYAL PALM BEACH FL Zip 24 33411	2a. Mailing Address 26 P.O. BOX 211025 Suite, Apt. #, etc. 27 City & State 28 ROYAL PALM BEACH FL Zip 29 33421	3. Date Incorporated or Qualified 11/02/1998	4. FEI Number 58-1310122 Applied For 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
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9. Name and Address of Current Registered Agent EVANS, JAMES L 246A ROYAL PLAZA/ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33421	10. Name and Address of New Registered Agent 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
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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.)
 DATE: [Signature] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D EVANS, JAMES L	1.2 NAME	D EVANS, JAMES L.
STREET ADDRESS	5217 S. MILITARY TRAIL	1.3 STREET ADDRESS	817 SARATOGA BLVD. EAST
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BECK, ALLEN J	2.2 NAME	
STREET ADDRESS	636 WILSON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLASTOWN PA 17313	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DRYDEN, WADE REV	3.2 NAME	
STREET ADDRESS	9130 HOWARD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT HOWARD MD 21052	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S CARLTON, JOHN	4.2 NAME	
STREET ADDRESS	2900 GREENE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN MD 21013	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T RICHARDSON, USHER	5.2 NAME	
STREET ADDRESS	2080 HESTERTOWN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON GA 30650	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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 8/10/99 DAYTIME PHONE #: 561-791-7686

CR2E037 (5/99)