

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05307 (6)

1. Corporation Name

GRACE FULL GOSPEL CHURCH OF HOLDER, INCORPORATED



Principal Place of Business

Mailing Address

C-491 HILL N. DALE SUB.
P.O. BOX 250
HOLDER FL 34445-7250

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P.O. BOX 250
HOLDER FL 34445-7250

3. Date Incorporated or Qualified
09/24/1984

3a. Date of Last Report
03/15/1995

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

25

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4. FEI Number

59-2518438

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, JAMES R.
42 DAISY STREET
INGLIS FL 34449**

81 Name **PROFFER, ROGER B. SR.**

82 Street Address (P.O. Box Number is Not Acceptable)
11364 W. INDIANWOODS PATH

83

84 City **CRYSTAL RIVER** FL 85 Zip Code **34428**

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

Robert B. Proffer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

3-27-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HORNE, CECIL**
STREET ADDRESS **4250 E SHOREWOOD DR.**
CITY-ST-ZIP **HERNANDO FL**

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **PROFFER, ROGER B. SR.**
1.3 STREET ADDRESS **11364 W. INDIANWOODS PATH**
1.4 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **CVD** ☐ DELETE
NAME **SCOTT, LESTER**
STREET ADDRESS **6434 GOLDENRAIN CIR.**
CITY-ST-ZIP **HERNANDO FL**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **MARGARET, MCNEELY**
STREET ADDRESS **3880 E. EAGLE TRAIL**
CITY-ST-ZIP **HERNANDO FL 34442-4170**

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **PILKINTON, ROBERT**
3.3 STREET ADDRESS **5777 E. RIVER RD**
3.4 CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **TD** ☒ DELETE
NAME **SCOTT, GWENDOLYN**
STREET ADDRESS **6434 GOLDENRAIN CIRCLE**
CITY-ST-ZIP **HERNANDO FL**

4.1 TITLE **S/T/D** ☐ Change ☒ Addition
4.2 NAME **CRAWFORD, JIM**
4.3 STREET ADDRESS **11830 S.W. 157 ST. PL**
4.4 CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **WILLIAMSON, STEVEN**
5.3 STREET ADDRESS **2250 N. DAWSON DR**
5.4 CITY-ST-ZIP **HERNANDO, FL 34445**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert B. Proffer SR* **3-27-96** **352-795-2380**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)