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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05307** (6)

1. Corporation Name

**GRACE COMMUNITY CHURCH OF HOLDER, INC.**

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**09/24/1984**

4. FEI Number

**59-2518438**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C-491 Hill N Dale Sub.

26 C-491 Hill N Dale Sub.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7233 N. Lecanto Hwy

27 7233 N. Lecanto Hwy

City & State

City & State

23 Hernando, Florida

28 Hernando, Florida

Zip

Zip

24 34442-2159 25 USA

29 34442-2159 30 USA

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROFFER, ROGER B. SR.  
11384 W INDIANWOODS PATH  
CRYSTAL RIVER FL 34428

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

82 Street Address (P.O. Box Number is Not Acceptable)

**7233 N. Lecanto Hwy.**

83

84 City **HERNANDO**

FL

85 Zip Code **34442**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4-7-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **PROFFER, ROGER B. SR.**  
STREET ADDRESS **11384 W INDIANWOODS PATH**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Proffer, Roger B. SR.**  
1.3 STREET ADDRESS **7233 N. Lecanto Hwy**  
1.4 CITY-ST-ZIP **Hernando, FL. 34442-2159**

TITLE **STD** ☐ DELETE

NAME **CRAWFORD, JOM**  
STREET ADDRESS **11830 SW 151 ST PLACE**  
CITY-ST-ZIP **DUNNELLON FL**

2.1 TITLE **STD** ☒ Change ☐ Addition

2.2 NAME **CRAWFORD, Jim**  
2.3 STREET ADDRESS **11830 SW 151 ST PLACE**  
2.4 CITY-ST-ZIP **DUNNELLON, FL**

TITLE **D** ☐ DELETE

NAME **WILLIAMSON, STEVEN**  
STREET ADDRESS **7250 N DAWSON DR**  
CITY-ST-ZIP **HERNANDA FL**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Williamson, Steven**  
3.3 STREET ADDRESS **7250 N. DAWSON DR.**  
3.4 CITY-ST-ZIP **HERNANDO, FL 34442-2159**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **HOVIOUS, DAVID**  
4.3 STREET ADDRESS **6834 N. CASTLEBURY RD.**  
4.4 CITY-ST-ZIP **HERNANDO, FL. 34442-3827**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **ROBERTS, BOBBY**  
5.3 STREET ADDRESS **7220 N. CLARK PT.**  
5.4 CITY-ST-ZIP **HERNANDO, FL. 34442**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

*[Signature]* **ROGER B PROFFER SR** **4-7-98** **352-341-2227**

CR2E037 (10/97)