

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90015 032 \*\*\*\*70.00

**DOCUMENT # N05307**

1. Corporation Name

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

Principal Place of Business

C-491 HILL N. DALE SUB.  
7233 N LECANTO HWY  
HERNANDO FL 34442-2159  
US

Mailing Address

C-491 HILL N. DALE SUB.  
7233 N LECANTO HWY  
HERNANDO FL 34442-2159  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**09/24/1984**

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

9. Name and Address of Current Registered Agent

PROFFER, ROGER B. SR.  
7233 N LECANTO HWY  
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS PROFFER, ROGER B. SR.  
CITY-ST-ZIP 7233 N LECANTO HWY  
HERNANDO FL 34442

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS CRAWFORD, JIM  
CITY-ST-ZIP 11830 SW 151 ST PLACE  
DUNNELLON FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS WILLIAMSON, STEVEN  
CITY-ST-ZIP 7250 N DAWSON DR  
HERNANDO FL 34442

TITLE ☐ DELETE

NAME D  
STREET ADDRESS HOVIOUS, DAVID  
CITY-ST-ZIP 6834 N CASTLEBURY RD  
HERNANDO FL 34442

TITLE ☒ DELETE

NAME D  
STREET ADDRESS ROBERTS, BOBBY  
CITY-ST-ZIP 7220 N CLARK PT  
HERNANDO FL 34442

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)