FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name

N11133

(8)

GRACE COMMUNITY CHURCH OF NAPLES, INC.

Suite, Apt. #, etc. 27 City & State City						
NAPLES FL 33982 2. Principies Proce of Business 2. A Making Address 3. Caste Incorporated or Qualified Op/17/1985 3. Caste Incorporated Op/17/1985 3. Caste Incorpora	Principal Place	of Business	Mailing Address			
Principal Place of Bunness		=				
Source, Apr. 4, etc. 20						3a. Date of Last Report 02/10/1995
Suite, Apr. #, etc. Suite, Apr. #, etc.	2. Principal Pla	ace of Business	2a. Mailing Address			Applied For
Section Content Section State Section Content Section Cont	21				59-2585699	
Trust Fund Contribution	22	· · · · · · · · · · · · · · · · · · ·	27		5. Certificate of Status Desired	Fee Required
Country Zip Country Zip Single Singl	City & State	9			1 , , ,	1 1
Secret Address of Current Registered Agent		Country	Zip	Country		
MCINTYRE, ELLSWORTH E. 4405 OUTER DR. NAPLES FL 33962 80 City FL 85 Zyr Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am or registered agent, or both, in the State of Florids, Such change was authorated by the corporation's board of directors. Thereby accept the obligations of Section 617,0503, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am or registered agent in an original registered agent in a continue with, and accept the obligations of, Section 617,0503, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am original register	24			30		
MCINTYRE, ELLSWORTH E. 4405 OUTER DR. NAPLES FL 33962 B8 City FL BS ZP Code B8 City B1 B1 B2 City B1 B2 B2 Code B8 City B1 B3		9. Name and Address of Cur	rent Registered Agent	91 Name	10. Name and Address of New Re	gistered Agent
### A405 OUTER DR. NAPLES FL 33962 ### City	MACHIEN	DE ELLAWARTHE		OI Name		
NAPLES FL 33962 84				82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
### City ### Bit 2p 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 familie with, and accept the obligations of, Section 617.0503 holds Statutes. #### Statutes board or preliationine of registered agent if a director in the State of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Statutes. #### State that the state of Ending Section 617.0503 holds Section 617.0503 holds State of Ending Section 617.0503 holds Section 617.0503 holds Section 617.0503 holds Section 617				83		
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 an accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature food or printed name of registered agent and the flagociative floridation. POTE Registered Agent separture recursion when remidding. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PO DELETE 11. THE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WINTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INVEST.2P Addition WINTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INVEST.2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INVEST.2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	122 220	12 00002		54 67		J1 7- 0-1-
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SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.