FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:11

DOCUMENT # **N13022** **(1)**

1. Corporation Name

GRACE ALLIANCE CHURCH, INC., THE CHRISTIAN & MISSIONARY ALLIANCE

Principal Place of Business	Mailing Address
P O BOX 32728 PALM BCH.GARDENS FL 33420-9728	P O BOX 32728 PALM BCH.GARDENS FL 33420-9728

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1986
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2656429 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 4152 W. BLDE HERON BLVD
22 Suite, Apt. #, etc.: SUITE 127
23 City & State: RIVIERA BEACH FL
24 Zip: 33404 25 Country:

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

RINGUETTE, JAMES
2121 LONGWOOD RD.
WEST PALM BCH FL 33409

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	SUND, GREGORY P, REV	1.2 NAME		
STREET ADDRESS	3684-G1 ALDER DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	EVATT, RON	2.2 NAME		
STREET ADDRESS	5333 MENDOZA STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PRIVETT, DAVID	3.2 NAME		
STREET ADDRESS	1119 GREEN PINE BLVD C-1	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	S	☑ Change ☐ Addition
NAME	PRIVETT, SALLY	4.2 NAME	TRIANA, WENDY	
STREET ADDRESS	724 NIGHTHAWK WAY	4.3 STREET ADDRESS	4217 HEATHER CIR. E.	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	S	5.1 TITLE	TD	☑ Change ☐ Addition
NAME	PAULSEN, RETTA G.	5.2 NAME		
STREET ADDRESS	7957 PINE TREE LN.	5.3 STREET ADDRESS		
CITY-ST-ZIP	W.PALM BCH. FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	S	☑ Change ☐ Addition
NAME	RINGUETTE, JAMES X.	6.2 NAME	VALLEE, SUSAN	
STREET ADDRESS	2121 LONGWOOD RD.	6.3 STREET ADDRESS	4193 ARBOR WAY	
CITY-ST-ZIP	W.PALM BCH. FL	6.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	

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)(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: Gregory P Sund 1/19/95 407-844-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #