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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

GRACE ALLIANCE CHURCH, INC., THE CHHISTIAN & MIS SIONARY ALLIANCE									
Principal Place	e of Business	Mailing Address		······································		1401 001 11000 1111 901 110 110 11	IGI DIBII BIBII BIBII DIBI	ELVII DIBIO IVAL	
4152 W. BLUE I SUITE 127 RIVIERA BEACH		4152 W. BLUE HERON BLV SUITE 127 RIVIERA BEACH FL 33404-							
US		U\$ 			01/	orporated or Qualified 14/1986	3a. Date of Last 04/17/1	996	
2. Principal P	lace of Business	2a. Mailing Address 26		1	4. FEI Num 59-	2656429		Applied For Not Applicable	
Suile, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certifice	te of Status Desired		5 Additional Required	
City & State	Ð	City & State				Campaign Financing nd Contribution		May Be	
Ζιρ	Country	Zip	Count	try	8. This cor	poration has liability for in	ntangible tax unde	s. 199.032,	
24	25	29	30		Florida S	Statutes	Yes I No		
	9. Name and Address of Currer	nt Registered Agent				nd Address of New Rec	gistered Agent	····	
			8	II Name					
SUND, REV. GREGORY P 3664-G1 ALDER DRIVE			8	2 Street	Address (P.O. Box I	Number is Not Acceptab	le)		
	ALM BEACH FL 33417		L	33	i	i.			
			ļ*	City		v .	FL 85 Z	ip Code	
SIGNATURE	to the provisions of Sections 617.050 ogistered agent, or both, in the State in familiar with, and accept the oblig					this statement for the patient of th		j its registered as registered	
	Signature, typed or printed name of registered ag			Agent signatur	e required when reinstating)	UDIOUANOED TO OFFIC	DATE	ODD IN 10	
12.	C OFFICERS AN	ID DIRECTORS DELETE	13.	E	T ADDITION	NS/CHANGES TO OFFIC	Chang		
NAME	SUND, GREGORY P. REV	find percen	1.2 NAM				- Emil Oliality	o	
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14. I do 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 of 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 12 or Block 12 or Block 12 or Block 13 or Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or

FILED

May 13 1997 8:00am

Secretary of State