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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13022 (1) 1. Corporation Name GRACE ALLIANCE CHURCH, INC., THE CHRISTIAN & MISSIONARY ALLIANCE					
Principal Place of Business 4152 W. BLUE HERON BLVD. SUITE 127 RIVIERA BEACH FL 33404 US			Mailing Address 4152 W. BLUE HERON BLVD. SUITE 127 RIVIERA BEACH FL 33404-4859 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 01/14/1986 3a. Date of Last Report 04/17/1996 4. FEI Number 59-2656429 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SUND, REV. GREGORY P 3664-G1 ALDER DRIVE WEST PALM BEACH FL 33417				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. C SUND, GREGORY P, REV 3664-G1 ALDER DRIVE W PALM BEACH FL 2. D EVATT, RON 5333 MENDOZA STREET WEST PALM BEACH FL 3. S PRIVETT, JOYCE E. 270 CAMELLIA PALM BEACH GARDENS FL 4. D TRIANA, WENDY 4217 HEATHER CIR. E. PALM BEACH GARDENS FL 5. TD PAULSEN, RETTA G. 7957 PINE TREE LN. W.PALM BCH. FL 6. <input checked="" type="checkbox"/> DELETE 7. <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TD TRIANA, ROBERTO A. 4217 HEATHER CIR. E. PALM BEACH GARDENS, FL. 33410					
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 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: <u>Roberto A. Triana</u> ROBERTO A. TRIANA 4/22/97 561-775-1734 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038945					



CR2E037 (9/96)