

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 17 1998 8:00am  
Secretary of State

002197

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14759**

(7)

1. Corporation Name

**GRACE APOSTOLIC TEMPLE, INC.**

Principal Place of Business

Mailing Address

**1712 SOUTH WEST ROAD  
SANFORD FL 32771**

**P.O. BOX 2068  
SANFORD FL 32771**

3. Date Incorporated or Qualified

**05/06/1986**

4. FEI Number

**59-2737322**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**BENNETT, MAURICE D.  
114 MCKAY BLVD  
SANFORD FL 32771**

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 **P** ☐ DELETE  
NAME **BENNETT, MAURICE D.**  
STREET ADDRESS **114 MCKAY BLVD.**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **SD** ☐ DELETE  
NAME **BENNETT, CYNTHIA, E**  
STREET ADDRESS **114 MCKAY BLVD**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **TD** ☐ DELETE  
NAME **MC MILLER, CLARENCE**  
STREET ADDRESS **3000 FIFER DRIVE**  
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☐ DELETE  
NAME **BENNETT, WILLIE J.**  
STREET ADDRESS **112 SCOTT DRIVE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE  
NAME **TYER, THELMA**  
STREET ADDRESS **142 SCOTT DRIVE**  
CITY-ST-ZIP **SANFORD FL 32771**

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 **D Willie C. McQueen**  
1.3 STREET ADDRESS **113 Drew Ave.**  
1.4 CITY-ST-ZIP **SANFORD FL 32771**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D Eugene Smith**  
2.3 STREET ADDRESS **1225 PLANTAIN DR.**  
2.4 CITY-ST-ZIP **ORLANDO FL 32818**

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.

SIGNATURE:

**Maurice D. Bennett / Maurice D. Bennett**

Date

Daytime Phone #

**9/10/98 407-321-6111**

CR2E037 (5/98)