

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION.  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 30, 1999 8:00 am  
Secretary of State

06-30-1999 90006 048 \*\*\*\*61.25

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DOCUMENT # N14759

1. Corporation Name

GRACE APOSTOLIC TEMPLE, INC.

Principal Place of Business  
1712 SOUTH WEST ROAD  
SANFORD FL 32771

Mailing Address  
P.O. BOX 2058  
SANFORD FL 32771



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/06/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2737322	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, MAURICE D.	1.2 NAME	SMITH, Eugene
STREET ADDRESS	114 MCKAY BLVD.	1.3 STREET ADDRESS	7225 PLANTAIN DR.
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	ORLANDO FL. 32818
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CYNTHIA, E	2.2 NAME	
STREET ADDRESS	114 MCKAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC MILLER, CLARENCE	3.2 NAME	
STREET ADDRESS	3000 FIFER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WILLIE J.	4.2 NAME	
STREET ADDRESS	112 SCOTT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYER, THELMA	5.2 NAME	
STREET ADDRESS	142 SCOTT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN, WILLIE C	6.2 NAME	
STREET ADDRESS	113 DREW AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	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, with all other like empowered.

SIGNATURE:

Maurice D. Bennett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)