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

APPROVED AND FILED

95 APR 27 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14931** **(2)**

1. Corporation Name

GRACE CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
411 WALNUT STREET P.O. BOX 1323 GREEN COVE SPRINGS FL 32043	411 WALNUT STREET P.O. BOX 1323 GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1986
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2763615 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

LOWER, NELLIE
1101 IDLEWILD AVE
GREEN SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name: Vernon Duncan
82 Street Address (P.O. Box Number is Not Acceptable): 7432 Arble Drive
83
84 City: Jacksonville **FL** 85 Zip Code: 32211

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: Vernon W. Duncan — 4/19/95
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, HENRY W.	1.2 NAME		
STREET ADDRESS	~~457 JERI DR~~	1.3 STREET ADDRESS	1519 Pleasant Valley Road	
CITY-ST-ZIP	~~GREEN COVE SPRINGS FL~~	1.4 CITY-ST-ZIP	Moleria, GA 30258	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, DONNA	2.2 NAME		
STREET ADDRESS	~~457 JERI DR~~	2.3 STREET ADDRESS	1519 Pleasant Valley Road	
CITY-ST-ZIP	~~GREEN COVE SPGS. FL~~	2.4 CITY-ST-ZIP	Moleria, GA 30258	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	LOWER, NELLIE F	3.2 NAME		
STREET ADDRESS	1101 IDLEWILD AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Nellie F. Lowar — 4/16/95 (904) 284-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nellie F. Lowar Sec. Treasurer