FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1 21549

1. Corporation Name

GRACE WORLD MISSIONS INTERNATIONAL

FILED Mar 15 1996 8:00 am Secretary of State

EARCHER BUSINGANIELP. 6300 W. BAKER CIR. COCOA, FL 32927 US	Mailing Address 6300 W.BAKE COCOA, FL.	er circle 32927		3a. Date of Last Report 04 - 89 - 1995		
2. Principa: Place of Business	2a. Mailing Address		4. FEI Number 59-2829272	Applied For Not Applicable		
Suite, Apt #. etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional Fee Required		
Crly & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Co	SCELARD	This appropriate has liability for int	angible tax under s. 199.032, Yes X No		
24 25		1	10. Name and Address of New Regi	stered Agent		
9. Name and Address of Current Registered Agent SPICER, DANIEL P. 6300 W. BAKERCIRCLE COCOA, FL 3 2927		83	82 Street Address (P.O. Box Number is Not Acceptable)			
		above-named corpo	oration submits this statement for the pu	FL		

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	ANOTE I	Registered Agent signature re	ouired when reinstating)	DATE	i
0.	Signature typed or printed harle or registered agon and	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	S IN 12
12.	OFFICERS AND DIRECTORS	11 TITLE		Change	Addition
TITLE	PD = PLAYAF E. JR	1.2 NAME			
NAME	YOUER, CLOYDE E. JR. 3016 NEW TERSEY RO.	1.3 STREET ADDRESS			li li
STREET ADDRESS	LAKELAND, FL				<u></u> li
CITY-ST-ZIP	L pristr	1.4 CITY-ST-ZIP 21 TITLE		Change	Addition
TILE	STD				ļ
NAME	AOPEO MARTINA	2 2 NAME			
STREET ADDRESS	3010 HENGELSPER MA.	2.3 STREET ADDRESS			
CITY - ST - ZIP	YOUER WERLIN A. YOUER WENTERSEY RO. LAKELAND, FL	2 4 CITY-ST-ZIP		Change	Addition
TITLE	DELETE	3 1 TITLE			-
NAME	SPICER, DANIEW, P	3 2 NAME			
STREET ADDRESS	SPICER DANIEL BELLE 6000 W. BAKER GIACLE	3 3 STREET ADDRESS			
	COCOA, FL 32927	3.4. CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP	DELETÉ	4.1 TITLE			ا
		4 2 NAME	യാന്ത്ര	i Parcols.	
NAME		4.3 STREET ADDRESS	-6371876	1746215 501022022	
STREET ADDRESS		4.4 CITY+ST+ZIP			Addition
CITY-ST-ZIP	DELETE	51 TITLE	44410.00	Change	MOORION
TITLE		5.2 NAME			
NAME		5 3 STREET ADDRESS			
STREET ADDRESS		5 4 City-ST-ZIP			
CiTY+ST-ZIP	DELETE	6.1 TITLE		Change	Addition
TITLE		6.2 NAME			
NAME		63 STREET ADORESS			\mathscr{J}
STREET ADDRESS			İ		
CITY-ST-ZIP	eby certify that the information supplied with this filing is voluntarily to	6.4 CITY-ST-ZIP	qualify for the exemption stated	in Section 119.07(3)(k), Florida	Statutes I
14. I do her	eby certify that the information supplied with this filing is voluntarily to	ai fones de la compania	true and accurate and that my s	ignature shall have the same let	gai eneci as ir

report is true and accurate and that my signature shall have the same legal effect as if the empowered to execute this report as required by Chapter 617, Florida Statutes; and I do hereby certify that the information supplied with this litting is voluntarily furnished further certify that the information indicated on this annual reportor supplemental and made under oath; that I am an officer or director of the corporation or the receiver probability of the property of the corporation of the receiver probability of the property of the corporation of the receiver probability of the p