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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:21

DOCUMENT # **N29174** **(2)**

1. Corporation Name
GRACE TABERNACLE, INC.

Principal Place of Business	Mailing Address
C/O ELLEN D. CALLEJA #45 RIVIERA DRIVE KEY WEST FL 33040-5422	C/O ELLEN D. CALLEJA #45 RIVIERA DRIVE KEY WEST FL 33040-5422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1988**
3a. Date of Last Report: **03/15/1994**
4. FEI Number: **65-0111017** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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

9. Name and Address of Current Registered Agent

CALLEJA, ELLEN D.
#45 RIVIERA DRIVE
KEY WEST FL 33040

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CALLEJA, OMAR J.	12 NAME	
STREET ADDRESS	#45 RIVIERA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CALLEJA, ELLEN D.	22 NAME	
STREET ADDRESS	#45 RIVIERA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ROSE	32 NAME	
STREET ADDRESS	823 12TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	STD ☐ Change ☐ Addition
NAME	SARVER, RAND	42 NAME	San Dermer
STREET ADDRESS	3301 DUCK AVENUE	43 STREET ADDRESS	444 Whitehead St.
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	Key West, FL 33040
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, EMERALD	52 NAME	
STREET ADDRESS	2600 HARRIS AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Ellen D. Calleja 4/4/95 294-8187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038099