FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29174

(2)

GRACE TABERNACLE, INC.

GIII.02	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Principal Place of Business Mailing Address					i ibitine and cined allas binet anner	Telle State atable at	### # ################################	146 A18 61 1 0 81
C/O ELLEN D. (CALLEJA	C/O ELLEN D. CALLEJA						
123 AVE. D 123 AVE. D								
KEY WEST FL 33040-5422 KEY WEST FL 33040-5559					3. Date Incorporated or Qualified 11/07/1988 3a. Date of Last Report 06/18/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ар	plied For
21		26			65-0111017		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		under s.	199.032,
24	25	29	30		Fiorida Statutes Yes No			
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Ro	gistered Age	<u>nt</u>	
				Name				
Calleja, Ellen D. 123 ave. D Key West Fl 33040-5422				82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84 City		FL	5 Zip (Code
44 Charamant	the provisions of Continue 617 DE	00 and 617 1500 Florida Statu	toe the el		poration submits this statement for the		anaina it	o sociatorod
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was	authorize	d by the corpora	ition's board of directors. I hereby acce	pt the appoint	ment as	registered
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (NO	TF: Banistere	d Agent signature requ	liked when reinstation)	DATE		
12.		ND DIRECTORS	13.	o regent a grantare requ	ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE			Change	Addition
NAME	CALLEJA, OMAR J.		1.2 N	AME				
STREET ADDRESS	123 AVE. D.		1.3 \$	REET ADORESS				
CITY - ST - ZIP	KEY WEST FL		1.4 C	TY-ST-ZIP				
TITLE	VD	☐ DELETE		TLE			Change	Addition
NAME	CALLEJA, ELLEN D.		2.2 N	AME				
STREET ADDRESS	123 AVE. D		2.3 \$	TREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL			ITY-ST-ZIP				
TITLE	Τ	☐ DELETE	3.1 Ti	TLE			Change	Addition
NAME	HERNANDEZ, ROSE		3.2 N	AME				
STREET ADDRESS	823 12TH ST.		3.3 \$	FREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL	D bri str		ITY-ST-ZIP			O b	L dativa.
TITLE	STO	☐ DELETE	4.1 13				Change	Addition
NAME	DERNER, JAN		4.28	i i				
STREET ADDRESS	444 WNITEHEAD ST			FREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL	DELETE		TY-ST-ZIP			Change	Addition
TITLE	STD ALVAREZ, EMERALD	₩ DECEIE	5.1 TI			اـــا	Amenine	
NAME CERTAL ADDOCCO	2600 HARRIS AVENUE		5.2 N	1				
STREET ADDRESS	KEY WEST FL			TREET ADDRESS				
CHTY-ST-ZIP TITLE	STO	DELETE		TY-ST-ZIP TLE			Change	Addition
NAME	DERMER, JAN		6.2 N	· ·		t-ord		
STREET ADDRESS	444 WHITEHEAD ST.		1	TREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		I	ITY-ST-ZIP				
14 Lido heret	by certify that the information suppl	ed with this filing does not qua	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statut	es. I further ce	rtify that	the
informatio	n indicated on this annual report of	supplemental annual report is	true and	accurate and tha	at my signature shall have the same leg ort as required by Chapter 617, Florida	jal effect as if i	made un	der oath; that
	n Block 12 or Block 13 if changed,			onoque tille rept	or an industry of the property is the state of the state	- museu, mil		

BIKU D. Callya, VP