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FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29174 (2)

1. Corporation Name

GRACE TABERNACLE, INC.



Principal Place of Business

Mailing Address

C/O ELLEN D. CALLEJA  
123 AVE. D 2600 HARRIS AVE  
KEY WEST FL 33040-5422

C/O ELLEN D. CALLEJA  
123 AVE. D  
KEY WEST FL 33040-5422



2. Principal Place of Business

2a. Mailing Address

21 2600 HARRIS AVE

26 OMAR J. CALLEJA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 PO Box 2144

City & State

City & State

23 Key West FL

28 Key West

Zip

Country

Zip

Country

24 33040

25 Monroe

29 33045

30 Monroe

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/07/1988

4. FEI Number

65-0111017

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No due

10. Name and Address of New Registered Agent

81 Name

OMAR J. CALLEJA

82 Street Address (P.O. Box Number is Not Acceptable)

2600 HARRIS AVE

83

Key West

84 City

FL

85 Zip Code

33040-5422

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]*

OMAR J. CALLEJA

7/15/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME CALLEJA, OMAR J.  
STREET ADDRESS 123 AVE. D.  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

VD  
NAME CALLEJA, ELLEN D.  
STREET ADDRESS 123 AVE. D.  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME HERNANDEZ, ROSE  
STREET ADDRESS 823 12TH ST.  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

STD  
NAME ALVAREZ, EMERALD  
STREET ADDRESS 2800 HARRIS AVENUE  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*[Signature]*

OMAR J. CALLEJA

7/15/98 (Rev) 282 1281

CR2E037 (10/97)