

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N32128** (3)

1. Corporation Name

GRACE MINISTRY OF FAITH INC.

Principal Place of Business

Mailing Address

**2645 ORANGE ST.
FT. MYERS FL 33916
US****2645 ORANGE ST.
FT. MYERS FL 33916-2618
US**3. Date Incorporated or Qualified
05/05/19893a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip Country**28** Zip Country**24** **25****29** **30**4. FEI Number
65-0120197Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWEET, DOROTHY
2645 ORANGE STREET
FT. MYERS FL 33916****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 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, 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 **D** ☐ DELETE
NAME **SULLIVAN, HENRY**
STREET ADDRESS **3019 MANGO STREET**
CITY - ST - ZIP **FORT MYERS FL 33916**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE **VD** ☐ DELETE
NAME **SWEET, HORACE**
STREET ADDRESS **2645 ORANGE ST.**
CITY - ST - ZIP **FT. MYERS FL 33916**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE **D** ☐ DELETE
NAME **SWEET, DOROTHY**
STREET ADDRESS **2645 ORANGE ST.**
CITY - ST - ZIP **FT. MYERS FL 33916**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0066818**

CR2E037 (9/96)