

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 01 1997 8:00am
Secretary of StateDOCUMENT # **N34699** (1)

1. Corporation Name

GRACE BRETHREN CHURCH, INC., NORTH PORT, FL

Principal Place of Business

Mailing Address

**915 QUEEN ROAD
VENICE FL 34293-4810
US****915 QUEEN ROAD
VENICE FL 34293-4810
US**

3. Date Incorporated or Qualified

10/16/1989

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Youth Building**26 915 QUEEN Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5845 GREENWOOD AVE.**27 VENICE, FL.**

City & State

City & State

23 North Port, Florida**28 34293-4810**

Zip

Country

Zip

Country

24 34287**25 SARASOTA****29 34293****30**

4. FEI Number

65-0142972

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**8. 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

**STOOKEY, KAROLYN P
915 QUEEN RD.
VENICE FL 34293-4810**

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 | <input checked="" type="checkbox"/> DELETE |
| NAME | PIFER, LESTER E | |
| STREET ADDRESS | 6810 23RD AVE W | |
| CITY-ST-ZIP | BRADENTON FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | STOOKEY, JOHN | |
| STREET ADDRESS | 915 QUEEN ST | |
| CITY-ST-ZIP | VENICE FL | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | JONES, KENNETH | |
| STREET ADDRESS | 142 SEVERIN RD | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | Pastor | <input type="checkbox"/> DELETE |
| NAME | Kenneth E. Davis | |
| STREET ADDRESS | 6512 Alpine Lane | |
| CITY-ST-ZIP | Bradenton, Fl. 32408 | |

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | Sec./Treas. | <input type="checkbox"/> DELETE |
| NAME | Karolyn P. Stookey | |
| STREET ADDRESS | 915 Queen Rd., Venice, Fl. | |
| CITY-ST-ZIP | 34293 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: **Karolyn P. Stookey** **KAROLYN P. STOOKEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0064800**

CR2E037 (9/96)