

**FILE NOW: FILING FEE IS \$61.25 ,**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N35009 (2)**

1. Corporation Name  
**GRACE FELLOWSHIP CHRISTIAN CHURCH, INC.**



Principal Place of Business: **2328 CANFIELD DRIVE SPRING HILL FL 34609**  
Mailing Address: **2328 CANFIELD DRIVE SPRING HILL FL 34609**

3. Date Incorporated or Qualified: **10/30/1989**  
3a. Date of Last Report: **02/09/1995**

|                                |         |                     |         |  |  |   |  |
|--------------------------------|---------|---------------------|---------|--|--|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 4. FEI Number  |  | Applied For   |  |
| 21                             |         | 26                  |         | 59-2982675   |  | Not Applicable  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired   |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 22                             |         | 27                  |         | 6. Election Campaign Financing Trust Fund Contribution   |  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |  |
| City & State                   |         | City & State        |         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |
| 23                             |         | 28                  |         |  |  |   |  |
| Zip                            | Country | Zip                 | Country |  |  |   |  |
| 24                             |         | 29                  |         |  |  |   |  |

9. Name and Address of Current Registered Agent  
**FAVICHIA, RAYMOND  
2328 CANFIELD DRIVE  
SPRING HILL FL 34609**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>FAVICHIA, RAYMOND</b>                            | 1.2 NAME  |  |
| STREET ADDRESS             | <b>2328 CANFIELD DRIVE</b>                          | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SPRING HILL FL</b>                               | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>FAVICHIA, MARGARET</b>                           | 2.2 NAME  |  |
| STREET ADDRESS             | <b>2328 CANFIELD DRIVE</b>                          | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SPRING HILL FL</b>                               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>FAVICHIA, JOSEPH</b>                             | 3.2 NAME  | <b>STEVE KENNEDY</b>   |
| STREET ADDRESS             | <b>1451 HATHAWAY AVENUE</b>                         | 3.3 STREET ADDRESS                                    | <b>135621 CORNWALL RD</b>  |
| CITY-ST-ZIP                | <b>SPRING HILL FL</b>                               | 3.4 CITY-ST-ZIP                                       | <b>Spring Hill FL 34609</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  | <b>400001755314</b>  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | <b>-03/25/96--01005--035</b>   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | <b>***61.25</b>  |

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)(k), 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: **Raymond Favichia** *Ronald Fahn* **3-5-96** **3526889583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)