FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

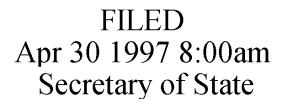
Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

1. Corporation Name N35121

(5)

GRACE CHRISTIAN & MISSIONARY ALLIANCE CHURCH, IN





Principal Place of Business Mailing Address								
334 FOURTH AVE 334 FOURTH AVE INDIALANTIC FL 32903 INDIALANTIC FL 32903-4214								
THE PROPERTY IS		HADIOTICAL PERSONALA			3. Date Incorporated or Qualified 11/06/1989	3a. Date of Last 05/01/1	Report 996	
2. Principat P	Place of Business	2a. Mailing Address		4. FEI Number 59-2976214	Applied For Not Applicable			
Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	CO 75 Additional		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax under		
4	25		30]			Yes K No		
	9. Name and Address of Curre	nt Registered Agent		41 41	10. Name and Address of New Re	listered Agent		
			8	1 Name	•			
TEAGUE, DAVID N.			8	2 Street	Address (P.O. Box Number is Not Acceptable)			
	urth ave Intic FL 32903		B	3				
((IDINE)	4110 1 E 02000		8	4 City		85 Zip	Code	
			"	.,,	•	FL °° 2"	, Dodo	
SIGNATURE .	Signature, typed or printed name of registered ag OFFICERS AN	ND DIRECTORS	Registered A	gent signatu	re required when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	D	M DELETE	1.1 TITLE		Do (FINANCIAL SEC.,)	Change	Addit	
NAME	VANDEMAN, JACK		1.2 NAM	E	MARSHAL ALVAREZ			
STREET ADDRESS	6694 FLAMINGO RD		1	et address	470 WICKHAM RD., #1			
CITY+S1-ZIP TITLE	MELBOURNE FL TRES	X DELETE	1.4 CITY 2.1 TITUE		MELBOURNE, FL 32935	Change	Additi	
NAME	HOUDE, GARY	MI OLICIE	2.2 NAM		T	Jan Criango		
STREET ADDRESS	2040 TREVINO CIRCLE			- Et address	DUDLEY CAMPBELL 1365 CAMAS AVE., NW	,		
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY		PALM BAY, FL 32907"			
TITLE	CD	DELETE	3.1 TITLE			Change	Additi	
NAME	TEAGUE, DAVID N.		3.2 NAM	E				
STREET ADDRESS	334 FOURTH AVE		•	ET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL	DELETE	3.4. CITY			☐ Change	Additi	
TITLF NAME		T"] OFFEIG	4.1 TITLE 4.2 NAM			€ Cusuôs	LJ AUDIG	
NAME STREET ADDRESS			1	et address				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Additi	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	et address	4.			
CITY - ST - ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			. Change	Additi	
NAME			6.2 NAM		·			
STREET ADORESS				ET ADDRESS	: n			
CITY-SI-ZIP	İ		6.4 CITY	· SI - ZIP	i			

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 of gupplemental 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 of the receiver by trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed out on an attachment with an address.

SIGNATURE:

4/19/97 407-676-3861

Daytime Phone # 0018636