04291999-90008-008-$61.25-$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90008 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35121

1. Corporation Name
GRACE CHRISTIAN & MISSIONARY ALLIANCE CHURCH, INC.

558290 - 90024 - 7

Principal Place of Business	Mailing Address
334 FOURTH AVE INDIALANTIC FL 32903	334 FOURTH AVE INDIALANTIC FL 32903

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 11/06/1989

4. FEI Number: 59-2976214 ☐ 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

9. Name and Address of Current Registered Agent

TEAGUE, DAVID N.
334 FOURTH AVE
INDIALANTIC FL 32903

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE	1.1 TITLE	S(FINANCE)ALSO T	☐ Change	☒ Addition
NAME	ALVAREZ, MARSHAL		1.2 NAME	SHAFFER, DONALD		
STREET ADDRESS	470 WICKHAM RD., #167		1.3 STREET ADDRESS	461 Mercer, NW		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Palm Bay, FL 32907		
TITLE	T	☐ DELETE	2.1 TITLE	S(GOVERNING BOARD)	☐ Change	☐ Addition
NAME	CAMPBELL, DUDLEY		2.2 NAME	AMANDA THOMAS		
STREET ADDRESS	1365 CAMAS AVE., NW		2.3 STREET ADDRESS	690 Sabal Rd.		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	Melbourne Village, FL 32903		
TITLE	CD	☐ DELETE	3.1 TITLE	TR	☒ Change	☐ Addition
NAME	TEAGUE, DAVID N.		3.2 NAME	DUDLEY CAMPBELL		
STREET ADDRESS	334 FOURTH AVE		3.3 STREET ADDRESS	1365 CAMAS AVE., NW		
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE		☐ DELETE	4.1 TITLE	T(ACTING)	☐ Change	☒ Addition
NAME			4.2 NAME	TEAGUE, DAVID		
STREET ADDRESS			4.3 STREET ADDRESS	334 FOURTH AVE.		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903		
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/25/99 407 676-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #