FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:20

DOCUMENT # N35820 (2)

1. Corporation Name
GRACE BIBLE CHURCH OF SARASOTA, INC.

Principal Place of Business	Mailing Address
4955 HUBNER CIRCLE SARASOTA FL 34241	4955 HUBNER CIRCLE SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0141138 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3438 MELODY LN	28 4355 ARROW AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA FLORIDA	28 City & State: SARASOTA, FLORIDA
24 Zip: 34237 25 Country: U.S.A.	29 Zip: 34232 30 Country: U.S.A.

9. Name and Address of Current Registered Agent
JOHANSSON, CLAY
4355 ARROW AVE
SARASOTA FL 34232

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Clay Johansson 4-8-95
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	DP	11 TITLE	CHAIRMAN DP	☒ Change ☐ Addition
NAME	LANGENEGER, GORDON	12 NAME	RON SNIDER	
STREET ADDRESS	4955 HUBNER CIRCLE	13 STREET ADDRESS	3438 MELODY LN	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	SARASOTA FL 34237	
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	SNIDER, RON	22 NAME	—	
STREET ADDRESS	3438 MELODY LANE	23 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	SECRETARY DP	☒ Change ☐ Addition
NAME	JOHANSSON, CLAY	32 NAME	CLAY JOHANSSON	
STREET ADDRESS	4355 ARROW AVE.	33 STREET ADDRESS	4355 ARROW AVE.	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	SARASOTA FL 34232	
TITLE	T	41 TITLE	TREASURER DP	☒ Change ☐ Addition
NAME	LANGENEGER, GORDON	42 NAME	MICHAEL SWOFFORD	
STREET ADDRESS	4955 HUBNER CIRCLE	43 STREET ADDRESS	4012 MURDOCK AVE APT # 8H	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	SARASOTA FL 34231	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Clay Johansson 4-8-95 813-377-8216
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0083848