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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N35820

1. Corporation Name

GRACE BIBLE CHURCH OF SARASOTA, INC.

Principal Place of Business

Mailing Address

3438 MELODY LANE  
SARASOTA FL 34237  
US

4355 ARROW AVE  
SARASOTA FL 34232  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/26/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0141138

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHANSSON, CLAY  
4355 ARROW AVE  
SARASOTA FL 34232

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 CD ☐ DELETE

NAME SNIDER, RON  
STREET ADDRESS 3438 MELODY LANE  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME SNIDER, RON  
STREET ADDRESS 3438 MELODY LANE  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME JOHANSSON, CLAY  
STREET ADDRESS 4355 ARROW AVE  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SWOFFORD, MICHAEL  
STREET ADDRESS 859 PONDER AVE  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

CLAY W. JOHANSSON

4/4/99

941 356 6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)