

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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38160 (0)**  
1. Corporation Name  
**GRACE FULL GOSPEL CHURCH, INC.**

Principal Place of Business

HIGHWAY 308, 1897  
CRESCENT CITY, FLORIDA  
CRESCENT CITY FL 32112  
US

Mailing Address

STAR ROUTE 1, BOX 252  
CRESCENT CITY FL 32112  
US



**300001840743**

-05/28/96--01031--047

\*\*\*61.25

3. Date Incorporated or Qualified **05/14/1990** 3a. Date of Last Report **04/17/1995**

4. FEI Number **59-3022226** 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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY A DUNN, PASTOR  
STAR RT 1, BOX 255  
ST RT. 1 BOX 251 (CRESCENT CITY)  
CRESCENT CITY FL 32112

81 Name **Linda Eller**

82 Street Address (P.O. Box Number is Not Acceptable)

**Star RT. 1 - Box 251**

83

84 City **CRESCENT CITY**

FL

85 Zip Code **32112**

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

*Linda C. Eller*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **REV HENRY A DUNN, PASTOR**  
STREET ADDRESS **STAR ROUTE 1, BOX 255**  
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE **T** ☒ DELETE  
NAME **LINDA ELLER**  
STREET ADDRESS **STAR ROUTE 1, BOX 251**  
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE **S** ☒ DELETE  
NAME **LUCILLE LAWSON**  
STREET ADDRESS **P.O. BOX 1268**  
CITY-ST-ZIP **WELAKA FL**

TITLE **D** ☒ DELETE  
NAME **ANN RAMOS**  
STREET ADDRESS **405 CITRON AVENUE**  
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE **D** ☐ DELETE  
NAME **RAY M. FULLER**  
STREET ADDRESS **1359 EDGEMORE DRIVE**  
CITY-ST-ZIP **GEORGETOWN FL**

TITLE **T** ☐ DELETE  
NAME **ANNA MIDDLETON**  
STREET ADDRESS **KEOWN AVENUE**  
CITY-ST-ZIP **POMONA PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **Linda Eller**  
1.3 STREET ADDRESS **Star RT 1 Box**  
1.4 CITY-ST-ZIP **CRESCENT CITY FL 32112**

2.1 TITLE **Treasurer** ☒ Change ☒ Addition  
2.2 NAME **Mary Taylor**  
2.3 STREET ADDRESS **Star RT. 1 Box 251**  
2.4 CITY-ST-ZIP **CRESCENT CITY FL 32112**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Mary Taylor**  
3.3 STREET ADDRESS **Star RT 1 Box 251**  
3.4 CITY-ST-ZIP **CRESCENT CITY FL 32112**

4.1 TITLE **vice President** ☐ Change ☒ Addition  
4.2 NAME **Alvin Poole**  
4.3 STREET ADDRESS **Star RT 1 Box 918**  
4.4 CITY-ST-ZIP **CRESCENT CITY FL 32112**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **Ray Fuller**  
5.3 STREET ADDRESS **1359 Edgemore Dr**  
5.4 CITY-ST-ZIP **George town FL 32133**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **Dale Showers**  
6.3 STREET ADDRESS **106 Pine Circle - P.O. Box 403**  
6.4 CITY-ST-ZIP **Pomona Park FL 32181**

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:

*Linda C. Eller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-96 904-462-3360**  
Date Daytime Phone #

CR2E037 (12/95)