


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38160 (0)**

1. Corporation Name  
**GRACE FULL GOSPEL CHURCH, INC.**



Principal Place of Business <b>HIGHWAY 308, 1897 CRESCENT CITY, FLORIDA CRESCENT CITY FL 32112 US</b>	Mailing Address <b>STAR ROUTE 1, BOX 252 CRESCENT CITY FL 32112-9718 US</b>
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2. Principal Place of Business <b>21 Highway 308 (1897)</b>	2a. Mailing Address <b>26 ST. RT. 1 BOX 252</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Crescent City, FL.</b>	City & State <b>28 Crescent City, FL.</b>
Zip <b>24 32112</b>	Country <b>25 putman</b>
Zip <b>29 32112</b>	Country <b>30 putman</b>

3. Date Incorporated or Qualified <b>05/14/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
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4. FEI Number <b>59-3022226</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ELLER, LINDA  
STAR RT 1, BOX 251  
CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent

81 Name <b>Linda Eller</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>ST RT. 1 BOX 251</b>
83
84 City <b>Crescent City FL</b>
85 Zip Code <b>32112</b>

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 Louis Schuch-Pastor DATE 6-25-97

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

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>ELLER, LINDA</b>	
STREET ADDRESS <b>STAR ROUTE 1, BOX 251</b>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>	
TITLE <b>T/S</b>	<input type="checkbox"/> DELETE
NAME <b>TAYLOR, MARY</b>	
STREET ADDRESS <b>STAR ROUTE 1, BOX 251</b>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>	
TITLE <b>D/V</b>	<input type="checkbox"/> DELETE
NAME <b>POOLE, ALVIN</b>	
STREET ADDRESS <b>STAR RT. 1 BOX 91-B</b>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RAY M. FULLER</b>	
STREET ADDRESS <b>1350 EDMERE DRIVE</b>	
CITY-ST-ZIP <b>GEORGETOWN FL 32139</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>ANNA MIDDLETON</b>	
STREET ADDRESS <b>KEOWN AVENUE</b>	
CITY-ST-ZIP <b>POMONA PARK FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Louis Schuch</b>	
1.3 STREET ADDRESS <b>ST. RT. BOX 252</b>	
1.4 CITY-ST-ZIP <b>CRESCENT CITY, FL 32112</b>	
2.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Linda Eller</b>	
2.3 STREET ADDRESS <b>ST. RT 1 BOX 251</b>	
2.4 CITY-ST-ZIP <b>Crescent City, FL 32112</b>	
3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>MARY TAYLOR</b>	
3.3 STREET ADDRESS <b>ST. RT. 1 BOX 251</b>	
3.4 CITY-ST-ZIP <b>Crescent City, FL 32112</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Alvin Poole</b>	
4.3 STREET ADDRESS <b>STAR RT. 1 BOX 91-B</b>	
4.4 CITY-ST-ZIP <b>Crescent City, FL 32112</b>	
5.1 TITLE <b>Trustee</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Dale Showers</b>	
5.3 STREET ADDRESS <b>P.O. BOX 403</b>	
5.4 CITY-ST-ZIP <b>POMONA PARK, FL 32181</b>	
6.1 TITLE <b>Trustee</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>ANNA MIDDLETON</b>	
6.3 STREET ADDRESS <b>KEOWN AVE.</b>	
6.4 CITY-ST-ZIP <b>POMONA PARK FL 32181</b>	

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 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.

CR2E037 (9/96)