


FILE NOW: FILING FEE IS \$61.25

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May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 HWY 308 . 1987 CRESCENT CITY, FLORIDA CRESCENT CITY FL 32112 US	Mailing Address STAR ROUTE 1, BOX 252 CRESCENT CITY FL 32112 US
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3. Date Incorporated or Qualified 05/14/1990	
4. FEI Number 59-3022226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. Same 22 City & State Same 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. Same 27 City & State Same 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent ELLER, LINDA STAR RT 1, BOX 251 CRESCENT CITY FL 32112	
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10. Name and Address of New Registered Agent 81 Name Eller, Linda 82 Street Address (P.O. Box Number is Not Acceptable) St. Rt. 1 Box 251 83 84 City CRESCENT CITY FL 85 Zip Code 32112	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	present <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, LINDA	1.2 NAME	Scheuch, Louis
STREET ADDRESS	STAR ROUTE 1, BOX 251	1.3 STREET ADDRESS	St. Rt 1 Box 252
CITY-ST-ZIP	CRESCENT CITY FL	1.4 CITY-ST-ZIP	CRESCENT CITY, CITY, FL. 32112
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARY	2.2 NAME	Eller, Linda
STREET ADDRESS	STAR ROUTE 1, BOX 251	2.3 STREET ADDRESS	St. Rt. 1 Box 251
CITY-ST-ZIP	CRESCENT CITY FL	2.4 CITY-ST-ZIP	CRESCENT CITY, FL. 32112
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, ALVIN	3.2 NAME	Brodock, Elsie
STREET ADDRESS	STAR RT. 1 BOX 91-B	3.3 STREET ADDRESS	#2 Box 483
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	CRESCENT CITY, FL. 32112
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEUCH, LOUIS	4.2 NAME	Poole, Alvin
STREET ADDRESS	ST RT BOX 252	4.3 STREET ADDRESS	St. Rt. 1 Box 91-B
CITY-ST-ZIP	CRESCENT CITY FL	4.4 CITY-ST-ZIP	CRESCENT CITY, FL. 32112
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA MIDDLETON	5.2 NAME	Middleton, Anna
STREET ADDRESS	KEOWN AVENUE	5.3 STREET ADDRESS	Keown Ave.
CITY-ST-ZIP	POMONA PARK FL	5.4 CITY-ST-ZIP	Pomona Park, FL. 32181
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOWERS, DALE	6.2 NAME	Shower, Dale
STREET ADDRESS	PO BOX 403	6.3 STREET ADDRESS	P.O. Box 403
CITY-ST-ZIP	POMONA PARK FL	6.4 CITY-ST-ZIP	Pomona Park, FL. 32181

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.

SIGNATURE: **Linda Eller** **Linda Eller** **467-3360** **5-19-98** **467-1916**

CR2E037 (10/97)