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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N38160

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/14/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3022226	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

ELLER, LINDA
ST RT 1 BOX 251
CRESCENT CITY FL 32112

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 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEUCH, LOUIS	1.2 NAME	
STREET ADDRESS	ST RT 1 BOX 252	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, LINDA	2.2 NAME	
STREET ADDRESS	ST RT 1 BX 251	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODOCK, ELSIE	3.2 NAME	
STREET ADDRESS	H C #2 BOX 483	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, ALVIN	4.2 NAME	
STREET ADDRESS	ST RT BOX 91-B	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, ANNA	5.2 NAME	
STREET ADDRESS	KEOWN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL 32181	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOWER, DALE	6.2 NAME	
STREET ADDRESS	P O BOX 403	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL 32181	6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
Linda Eller

3-14-99

467-1916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001756

CR2E037 (11/98)