

FILE NOW: FILING FEE IS \$61.25

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Mar 09 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 # **N44583** (5)
1. Corporation Name
GRACE CHRISTIAN CHURCH OF SEMINOLE COUNTY, INC.



Principal Place of Business P O BOX 95-2288 LAKE MARY FL 32795	Mailing Address P O BOX 95-2288 LAKE MARY FL 32795
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3. Date Incorporated or Qualified 08/02/1991	
4. FEI Number 59-2903464	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1701 Orange Blvd. Suite, Apt. #, etc. 22 City & State 23 Sanford FL Zip 24 32771 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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

9. Name and Address of Current Registered Agent CHRISTY, KATHERINE A 250 INTERNATIONAL PKWY STE 230 HEATHROW FL 32746

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
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GRAHAM, STEVEN D.
STREET ADDRESS	563 HASSOCKS LOOP
CITY-ST-ZIP	LAKE MARY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ARNETT, MIKE
STREET ADDRESS	301 BARCLAY AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KING, RONALD P.
STREET ADDRESS	115 MURPHY ROAD
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Phillip Darrell Dorn
1.3 STREET ADDRESS	3049 Dellcrest Place
1.4 CITY-ST-ZIP	Lake Mary FL 32746
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey L. Overbay
2.3 STREET ADDRESS	7381 Canal Drive
2.4 CITY-ST-ZIP	Sanford FL 32771
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Steven D. Graham* **Steven D. Graham, Pres! 2/28/98 407-322-1961**

CR2E037 (10/97)