

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 # **N44584** (3)

1. Corporation Name
GRAPELAND HEIGHTS MINISTRIES INC.



Principal Place of Business: **941 SWAN AVENUE MIAMI SPRINGS FL 33166 US**
Mailing Address: **941 SWAN AVE MIAMI SPRINGS FL 33166 US**

3. Date Incorporated or Qualified: **08/07/1991** 3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0295256** 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: 21 | 22 | 23 | 24 |
2a. Mailing Address: 26 | 27 | 28 | 29 | 30 |
21 | 22 | 23 | 24 |
26 | 27 | 28 | 29 | 30 |

9. Name and Address of Current Registered Agent
**LYONS, WILLIAM K
941 SWAN AVENUE
MIAMI SPRINGS FL 33166**

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: _____ (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LYONS, WILLIAM K.	
STREET ADDRESS	201 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ILHARDT, HAROLD	
STREET ADDRESS	201 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORMICAN, MARGARET	
STREET ADDRESS	201 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMBER, MILICENT	
STREET ADDRESS	201 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, JIM	
STREET ADDRESS	201 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	LYONS, WILLIAM K.	
13 STREET ADDRESS	941 SWAN AVENUE	
14 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	ILHARDT, HAROLD	
23 STREET ADDRESS	3129 N.W. 11th STREET	
24 CITY-ST-ZIP	MIAMI, FL 33125	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CORMICAN, MARGARET	
33 STREET ADDRESS	1850 N.W. 34th AVENUE	
34 CITY-ST-ZIP	MIAMI, FL 33125	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GAMBER, MILICENT	
43 STREET ADDRESS	3070 N.W. 14th STREET	
44 CITY-ST-ZIP	MIAMI, FL 33125	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SYLVESTER, ALAN	
53 STREET ADDRESS	6145 S.W. 116th STREET	
54 CITY-ST-ZIP	MIAMI, FL 33156	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *William K Lyons* **William K Lyons** 1-21-96 305-888-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #

CR2E037 (12/95)