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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N44584

(3)

## GRAPELAND HEIGHTS MINISTRIES INC.

941 SWAN AVENUE   941 SWAN AVE	Principal Place of Business Mailing Address								
MAMI SPRINGS R. 33166   W.S.   Case of Last Report   Charge   Ch	•		•						
2. Principal Place of Basiness			MIAMI SPRINGS F	MIAMI SPRINGS FL 33168-4354					
Sulte, Apt #, etc.    28							3. Date Incorporated or Qualified 08/07/1991	3a. Date of Last Re 01/26/199	port 6
Sure. Ap 8, etc.    Sure. Ap 1, etc.   Sure. Ap 1, etc.   Sure. Ap 1, etc.   Page   Pa	<b>─</b> '	lace of Business	<del></del> 1	<del></del> 1				Apr	olied For
City & State    27		# elc					05-0295250		
Country   Zep	<b>—</b>	#, e.c.	<del> </del>				5. Certificate of Status Desired		
Trust Fund Contribution   Added to Fees	******	e					6 Flection Campaign Financing	·	<del></del>
Country   Zip   Country   Zip   Sol   So	23		<del>-</del>				, ,		
28   29   30   Florido Statutes   70   70   70   70   70   70   70   7		Country	<del></del>	Cou	untry		8. This corporation has liability for in		
LYONS, WILLIAM K 941 SWAN AVENUE MIAMI SPRINGS FL 33168  80   Street Address (P.O. Box Number is Not Acceptable)  11. Fursuant to the provisions of Sections 617 0502 and 617, 1506, Forida Statutes, the above handle of registered agent, or both, in the State of Forids Such change was authorized by the conporation's board of directors. I hereby accept the appointment as registered signal. I am families with, and accept the obligations of. Section 617 0503, Florida Statutes, the above handle of receives in the State of Forids. Such change was authorized by the conporation's board of directors. I hereby accept the appointment as registered signal and the state of Forids. Such change was authorized by the conporation's board of directors. I hereby accept the appointment as registered signal and the state of Forids. Such change was authorized by the conporation's board of directors. I hereby accept the appointment as registered signal and the state of Forids. Such change was authorized by the conporation's board of directors. I hereby accept the appointment as registered signal and the state of Forids. Such change was authorized by the conporation's board of directors. I hereby accept the appointment as registered signal and the state of Forids. State accept the appointment as registered signal and the state of Forids. State accept the appointment as registered signal and the state of Forids. State accept the appointment as registered signal and the state of Forids. State accept the appointment as registered signal and the state of Forids. State accept the appointment as registered signal and the state of Forids. State accept the appointment as registered signal and the state of Forids. Intelligence and the state of Forids. State accept the appointment as	24			30			Florida Statutes	Yes 🔀 No	,
LYONS, WILLIAM K 941 SWAN AVENUE MIAMI SPRINGS FL 33166  B2 City FL B5 Zip Code  T1. Pursuant to the provisions of Sections 617 0502 and 617, 1508, Florida Statutes. The above-hamed corporation submits this statement for the purpose of changing its registered office or registered appeal, 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 office or registered adeapth the displants or Section 17 2505, Florida Statutes.  SIGNATURE SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 13. TILL D D DIEET 13. TILL D D DIEET 14. DIYONS, WILLIAM K. 12. AMM 11. ANM 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 13. TILL D D DIEET 13. TILL D D DIEET 13. TILL D D DIEET 14. DIYONS, WILLIAM K. 12. ANM 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 13. TILL D D DIEET 14. DIYONS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 14. DIYONS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 15. TILL D D DIEET 16. D DIEET 16. D DIEET 17. TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 17. TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL D D DIEET 18. ADDITIONS		9. Name and Address of Curro	ent Registered Agent		64		10. Name and Address of New Rec	alstered Agent	
941 SWAN AVENUE MIAMI SPRINGS FL 33166  83  84 Crty  FL 85 Zrp Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes. The above-herned corporation submits this stetement for the purpose of changing its registered agent. are familiar with, and except the obligations of Section 617 0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TO NAME  15. TITLE  17. TITLE  19. STEET ADDRESS  DITY-ST-2P  INTE  10. DELETE  21. TITLE  22. AUM  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TO NAME  15. TITLE  16. Change  Addition  AMA  STREET ADDRESS  CITY-ST-2P  MIAMI FL  16. CHANGES TO OFFICERS AND DIRECTORS IN 12  16. CHANGES TO OFFICERS AND DIRECTORS IN 12  17. WAW  18. STREET ADDRESS  CITY-ST-2P  MILLE  18. COPY SC-2P  MILLE  18. STREET ADDRESS  CITY-ST-2P  MIAMI FL  18. CITY-ST-2P				ļ	61	Name			
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 lits registered agent, and accept the obligations of Section 617.0503, Priorida Statutes.  SIGNATURE  Signature legend are predict remained with, and accept the obligations of Section 617.0503, Priorida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. The Change legend agent and see it agricultus to the provision of the section of 17.0503, Priorida Statutes.  D LYONS, WILLIAM K. JAINES 12. THILE CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE CHANGES STORES AND ACCEPTANCE STORES STREET ADDRESS STREET ADD						Street Add	lress (P.O. Box Number is Not Acceptable	le)	
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 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, and accept the obligations of Section 617,0503, Florida Statutes.  Signature injuried or pented name of registered agent ag	MIAMI SI	PRINGS FL 33166			83				,
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Porifica Statutes, the above-named corporation submits this statement for the purpose of changing its registered aginent. I am familiar with, and accept the obligations of. Section 617 0503, Florida Statutes.    SIGNATURE					84	City		FL 85 Zip C	ode
SIGNATURE    Signature   Signa	11. Pursuant f	to the provisions of Sections 617.08	502 and 617.1508, Floric	da Statutes, the at	bove-	named cor	poration submits this statement for the pi	urnose of changing its	registered
TITLE D CHARGES AND DIRECTORS	agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida, Such chan- ligations of, Section 617.	ge was authorizei 0503, Florida Stat	a by i tutes.	ine corpora	ation's board of directors. I hereby accep	t the appointment as r	egistered
TITLE D CHARGES AND DIRECTORS									
TITLE D CHARGES AND DIRECTORS		Signature, typed or printed name of registered e	agent and title if applicable		d Agen	t signature requ			
NAME SIRET ADDRESS 941 SWAN AVENUE 13 STREET ADDRESS CITY-ST-2P MIAMI SPRINGS FL  1.4 CITY-ST-2P MIAMI FL  1.5 AUTY-ST-2P MIAMI FL  1.5 AUT	·····	OFFICENS A	NU DIRECTORS				ADDITIONS/CHANGES TO OFFIC		-
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CITY-ST-ZIP  MIAMI FL  D  DELETE  4.1 TITLE  D  Addition  NAME  GAMBER, MILICENT  3070 NW 14TH ST.  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  D  DELETE  5.1 TITLE  D  STREET ADDRESS  STREET ADDRESS  6145 SW 116TH ST.  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  5.4 CITY-ST-ZIP  MIAMI FL  5.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  11-1 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 as required by Chapter 617. Florida Statutes. I further certify that the information on the certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes. I further center. That is a manual report or supplemental annual report or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name.	STREET ADDRESS	-				ODRESS			
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CITY-ST-ZIP  MIMM FL  D  DELETE  5.1 TITLE  NAME  SYLVESTER, ALAN  5.2 NAME  STREET ADDRESS  6145 SW 116TH ST.  5.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  5.4 CITY-ST-ZIP  DELETE  6.1 TITLE  Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  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 same	NAME	GAMBER, MILICENT		4. 2 N	IAME				
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SIGNATURE: Walke

INCLUDED AND TYPED OF SHANKE OF SIGNING OFFICER OR DIRECTOR

1-5-97

305 888 2988

**FILED** 

Jan 22 1997 8:00am

Secretary of State