

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -2 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

db

DOCUMENT # N48283 (8)

1. Corporation Name

GRACE WORSHIP CENTER OF SORRENTO, INC.

Principal Place of Business

Mailing Address

30032 PALM AVENUE
SORRENTO FL 32776
US

POST OFFICE BOX 187
SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

59-3107931

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental

Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, ERNEST W
16770 272ND COURT
UMATILLA FL 32784

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HILL, ERNEST W
STREET ADDRESS 16770 272ND COURT
CITY-ST-ZIP UMATILLA FL 32784

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

200001400282
-02/08/95--01030--015
***130.00 ***130.00

TITLE VD
NAME LINK, JOSEPH
STREET ADDRESS 30032 PALM AVENUE
CITY-ST-ZIP SORRENTO FL 32776

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TIS, 2/2/95

TITLE STD
NAME LINK, PHYLLIS A
STREET ADDRESS 30032 PALM AVENUE
CITY-ST-ZIP SORRENTO FL 32776

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95-904-735-0023

0077309