

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49949 (3)
1. Corporation Name
GRACE UNITED METHODIST CHURCH WABASSO, INC.



Principal Place of Business
**8799 FIFTIETH AVE.
WABASSO FL 32970**

Mailing Address
**P.O. BOX 55
WABASSO FL 32970
US**

3. Date Incorporated or Qualified
07/20/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**WILSON, STUART D
6650 85TH STREET
WABASSO FL 32970**

10. Name and Address of New Registered Agent
81 Name **Steven M. Lincoln**
82 Street Address (P.O. Box Number is Not Acceptable) **189 Mabry Street**
83
84 City **Sebastian** FL 85 Zip Code **32958**

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 **Steven M. Lincoln, Chairman** *[Signature]* **3/25/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, STUART D	
STREET ADDRESS	BOX 823 6650 85TH STREET	
CITY-ST-ZIP	WABASSO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, GEORGE	
STREET ADDRESS	BOX 747 4545 82ND ST.	
CITY-ST-ZIP	WABASSO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WINTERMUTE, CHARLES	
STREET ADDRESS	BOX 155 4725 84TH ST.	
CITY-ST-ZIP	WABASSO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSTON, RUBY	
STREET ADDRESS	BOX 281 300 CATHEDRAL OA	
CITY-ST-ZIP	WABASSO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HURST, RONALD	
STREET ADDRESS	BOX 101, 6995 81ST ST.	
CITY-ST-ZIP	WABASSO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HURST, POLLY	
STREET ADDRESS	BOX 101, 6995 81ST ST.	
CITY-ST-ZIP	WABASSO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven M. Lincoln	
1.3 STREET ADDRESS	189 Mabry St.	
1.4 CITY-ST-ZIP	Sebastian, FL. 32958	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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]* **Steven M. Lincoln** **3/25/96** **(407) 388-3222**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)