

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>8799 FIFTIETH AVE. WABASSO FL 32970</b>	Mailing Address <b>P.O. BOX 55 WABASSO FL 32970 US</b>
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1992</b>		3a. Date of Last Report <b>04/12/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STEVEN M. LINCOLN 189 MABRY ST. SEBASTIAN FL 32958</b>				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code <b>FL</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
C <input type="checkbox"/> DELETE <b>STEVEN N. LINCOLN 189 MABRY ST.</b>				1.1 TITLE <b>Steven m. Lincoln</b> 1.2 NAME <b>Wabasso, FL</b> 1.3 STREET ADDRESS			
TD <input type="checkbox"/> DELETE <b>SMITH, GEORGE BOX 747 4545 82ND ST. WABASSO FL</b>				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TD <input type="checkbox"/> DELETE <b>WINTERMUTE, CHARLES BOX 155 4725 84TH ST. WABASSO FL</b>				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
T <input type="checkbox"/> DELETE <b>JOHNSTON, RUBY BOX 281 300 CATHEDRAL OA WABASSO FL</b>				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TD <input type="checkbox"/> DELETE <b>HURST, RONALD BOX 101, 6995 81ST ST. WABASSO FL</b>				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
T <input type="checkbox"/> DELETE <b>HURST, POLLY BOX 101, 6995 81ST ST. WABASSO FL</b>				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Feb. 20, 1997 (561) 388-3222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR