## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N49949

(3)

GRACE UNITED METHODIST CHURCH WABASSO, INC.

	e of Business	Mailing Ad							
8799 FIFTIETH AVE. P.O. BOX 55 WABASSO FL 32970 WABASSO FL 32970			55						
		US				3. Date Incorporated or Qualified 07/20/1992		e of Last Re 04/12/19	
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number NOT APPLICABLE	·I		plied For t Applicable
Suite, Apt.	#, elc		Apt. #, etc.			5. Certificate of Status Desired	风	\$8.75 A	
City & Stat	e	City & S	State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
<b>23</b> Zip	Country	28 Zip		Country	······································	8. This corporation has liability for	or intangible t	ax under s	
24	25	29	3	0			Yes		
	9. Name and Address of Curr	ent Registered Ac	jent		T 10	10. Name and Address of New I	legistered A	gent	
				81	Name				
STEVEN M. LINCOLN 189 MABRY ST.			82	Street /	ddress (P.O. Box Number is Not Acceptable)				
SEBAST	TIAN FL 32958			83					
				84	City		FL	<b>85</b> Zip C	ode
11. Pursuant	to the provisions of Sections 617.0	502 and 617.150B,	, Florida Statutes	, the above	e-named	corporation submits this statement for the	purpose of	changing its	registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such ligations of Section	i change was aut n 617.0503. Floric	thorized by da Statutes	y the corp	poration's board of directors. I hereby acc	ept the appo	intment as i	egistered
-	and dedept the obli	agationa of, ocolion	101110000, 11011	ou olulato	<b>.</b>				
SIGNĄTURE	Signature, typed or printed name of registered in	agent and title if applicable	e. (NOTE: F	Registered Age	ent signature	required when reinstating)	DATE		<del></del>
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	C		DELETE	1.1 TITLE	1	٠, ١, ١, ١		Change	Addition
NAME	STEVEN N. LINCOLN			1.2 NAME	ļ	steven m. Line	can		
TITLE	TO.VQS&LCOV		DELETE	1.3 STREET	ADDRESS ]	Lea machas, St-	·····	<del></del>	
NAME	D CODOS		□ octest	2.1 TITLE		1		Change	Addition
	SMITH, GEORGE			2.2 NAME					
STREET ADDRESS	MONTH IN TO TO OBTION OIL			1	T ADDRESS	·			
CHY-ST-ZIP TITLE	WABASSO FL		DELETE	2. 4 CITY-	ST-ZIP	<u> </u>		1 10	
NAME	MANTEDMITE CHARLES		L. DELETE	3.1 TITLE				L. Change	Addition
1 ' '	WINTERMUTE, CHARLES BOX 155 4725 84TH ST.			3.2 NAME		}			
STREET ADDRESS									
CITY-ST-ZIP TITLE	MADACON EI			1	T ADDRESS				
1	WABASSO FL		DELETE	3.4. CITY-			······································	[] (h	Alger-
NAME	T		DELETE	3.4. City- 4.1 Title	ST-ZIP		11	Change	Addition
NAME STREET ANNESS	T Johnston, Ruby	ΟΔ	DELETE	3.4. C/TY- 4.1 TITLE 4.2 NAME	ST-ZIP	Mk 3.	14	Change	Addition
STREET ADDRESS	T Johnston, Ruby Box 281 300 Cathedral	. OA	DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP T ADDRESS	JK 3.3.	14	Change	Addition
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. 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 all address.

SIGNATURE

THE AND NIPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

Feb. 20, 1997 (561)-388-3222

**FILED** 

Mar 03 1997 8:00am

Secretary of State