

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 07/20/1992	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEVEN M. LINCOLN 189 MABRY ST. SEBASTIAN FL 32958	10. Name and Address of New Registered Agent 81 Name DONALD LYON 82 Street Address (P.O. Box Number Is Not Acceptable) 7446 DIXIE HWY. 83 (P.O. Box 209) 84 City WINTER BEACH FL 85 Zip Code 32971
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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 *[Signature]* MARCH 31, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEVEN N. LINCOLN 189 MABRY ST. SEBASTIAN FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Tr STEVEN N. LINCOLN 189 MABRY ST. SEBASTIAN, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr SMITH, GEORGE BOX 747 4545 82ND ST. WABASSO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	C/Tr DONALD LYON 7446 DIXIE HWY. WINTER BEACH, FL 32971 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr WINTERMUTE, CHARLES BOX 155 4725 84TH ST. WABASSO FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Tr MARVIN CADENHEAD 4315 82 ST. WABASSO, FL 32970 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr JOHNSTON, RUBY BOX 281 300 CATHEDRAL OA WABASSO FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Tr VIRGINIA PADDOCK 3525 MARTHA'S LN., VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr HURST, RONALD BOX 101, 8095 81ST ST. WABASSO FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Tr LEE JOHNSTON 296 LIVE OAK DR., VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HURST, POLLY BOX 101, 8095 81ST ST. WABASSO FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	M/Tr JAMES C. ISAACSON 8805 50 AVE., WABASSO, FL 32970 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *[Signature]* MARCH 31, 1998 (561) 589-4412

CR2E037 (10/97)