


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90202 030 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49949					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip	
26 Country		27 City & State		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEVEN M. LINCOLN 189 MABRY ST. SEBASTIAN FL 32958				81 Name REV. JAMES C. ISAACSON			
				82 Street Address (P.O. Box Number is Not Acceptable) 8805 50th AVENUE			
				83 P.O. BOX 55 (ALL MAIL)			
				84 City WABASSO FL 85 Zip Code 32970			

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 *James C. Isaacson* **REV. JAMES C. ISAACSON, PASTOR** **APRIL 20, 1999**
(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 <input checked="" type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TR LINCOLN, STEVEN				1.2 NAME TR HERRING, DONALD			
STREET ADDRESS 189 MABRY ST				1.3 STREET ADDRESS 123 LANDOVER DRIVE			
CITY-ST-ZIP SEBASTIAN FL				1.4 CITY-ST-ZIP SEBASTIAN, FLORIDA 32958			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CTR LYON, DONALD				2.2 NAME CTR JOY, DICK			
STREET ADDRESS 7446 DIXIE HWY				2.3 STREET ADDRESS 549 GLENCOVE STREET			
CITY-ST-ZIP WINTER BEACH FL 32971				2.4 CITY-ST-ZIP SEBASTIAN, FLORIDA 32958			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME TR CADENHEAD				3.2 NAME CADENHEAD, MARVIN			
STREET ADDRESS 4315 82 ST				3.3 STREET ADDRESS			
CITY-ST-ZIP WABASSO FL 32970				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TR PADDOCK, VIRGINIA				4.2 NAME			
STREET ADDRESS 3525 MARTHA'S LN				4.3 STREET ADDRESS			
CITY-ST-ZIP VERO BEACH FL 32967				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TR JOHNSTON, LEE				5.2 NAME			
STREET ADDRESS 296 LIVE OAK DR				5.3 STREET ADDRESS			
CITY-ST-ZIP VERO BEACH FL 32963				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MTR ISAACSON, JAMES				6.2 NAME			
STREET ADDRESS 8805 50 AVE				6.3 STREET ADDRESS			
CITY-ST-ZIP WABASSO FL 32970				6.4 CITY-ST-ZIP			

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, with all other like empowered persons.

SIGNATURE:

James C. Isaacson
REV. JAMES C. ISAACSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 1999 (561) 589-4412
Date Daytime Phone #

CR2E037 (11/98)