


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50290 (8) 1. Corporation Name REFORMATION GRACE MINISTRIES, INC.					
Principal Place of Business 500 E. ALTAMONTE DR. SUITE 210 ALTAMONTE SPRINGS FL 32701			Mailing Address 500 E. ALTAMONTE DR. SUITE 210 ALTAMONTE SPRINGS FL 32701-4734		
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		3. Date Incorporated or Qualified 06/04/1992 3a. Date of Last Report 07/02/1996 4. FEI Number 59-3241171 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SIMS, DAVID A. 500 E. ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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		
TITLE	DPS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, DAVID A.		1.2 NAME		
STREET ADDRESS	409 VILLAGE VIEW LANE		1.3 STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL		1.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, DAVID A.		2.2 NAME		
STREET ADDRESS	409 VILLAGE VIEW LANE		2.3 STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTINGTON, EDWARD C.		3.2 NAME		
STREET ADDRESS	3217 YATTIKA PLACE		3.3 STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, DAVID E.		4.2 NAME		
STREET ADDRESS	104 SAND PINE LANE		4.3 STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL		4.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELMQUIST, GREG		5.2 NAME		
STREET ADDRESS	195 LAKE SEMINARY CIRCLE		5.3 STREET ADDRESS		
CITY - ST - ZIP	MAITLAND FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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)(l), 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 or changed, or on an attachment with an address.			600002180666 -05/16/97--01005--018 ***61.25 Thomas DeWitt 500 E. Altamonte Dr, Ste 210 Altamonte Springs FL 32701 5/7/97		
SIGNATURE: _____			4/23/97 (407) 8300017		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Daytime Phone: #0012561		

CR2E037 (9/96)