

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N51147 (9)**

1. Corporation Name

**GRACE FAMILY FELLOWSHIP, INC.**



Principal Place of Business

1211 MALABAR LAKES DR., NE  
PALM BAY FL 32905  
US

Mailing Address

POB 100055  
C/O MARK TRIPLETT  
PALM BAY FL 32910  
US

3. Date Incorporated or Qualified  
**09/29/1992**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **150 W. UNIVERSITY BLVD.**

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite, Apt. #, etc.

City & State

City & State

23 **MELBOURNE FL**

28 **MALABAR FL**

Zip Country

Zip Country

24 **32901**

25

29

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4. FEI Number  
**59-3139012**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIPLETT, MARK S.  
1211 MALABAR LAKES DRIVE NE  
PALM BAY FL 32905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4263 BLUE LAKE DRIVE**

83

84 City

**MELBOURNE**

**FL**

85 Zip Code

**32901**

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 officer 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, 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 **D** ☐ DELETE  
NAME **TRIPLETT, MARK S.**  
STREET ADDRESS **1211 MALABAR LAKES DRIVE NE**  
CITY-ST-ZIP **PALM BAY FL**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **TRIPLETT, MARK S.**  
1.3 STREET ADDRESS **4263 BLUE LAKE DRIVE**  
1.4 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ DELETE  
NAME **CLEMMONS, ROY**  
STREET ADDRESS **2117 PALM PLACE DR., N.E.**  
CITY-ST-ZIP **PALM BAY FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **CLEMMONS, ROY**  
2.3 STREET ADDRESS **3615 MISTY OAK DR. #401**  
2.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ DELETE  
NAME **TRIPLETT, DEBRA S.**  
STREET ADDRESS **1211 MALABAR LAKES DRIVE NE**  
CITY-ST-ZIP **PALM BAY FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **TRIPLETT, DEBRA S.**  
3.3 STREET ADDRESS **4263 BLUE LAKE DRIVE**  
3.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Mark S. Triplett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

407/952-5103

Daytime Phone #

CR2E037 (12/95)