2-15-95 B-042-06

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:10

DOCUMENT # N93000002450 (5)

1. Corporation Name
THE GOSPEL OF GRACE ASSEMBLY, INC.

Principal Place of Business
23051 ~~717~~ PERU AVE. N.E.
PORT CHARLOTTE FL 33952

Mailing Address
23051 ~~717~~ PERU AVE. N.E.
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0422330 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 23051 PERU AVE, N.E.	26 23051 PERU AVE, N.E.
Suite, Apt. #, etc. 22 Suite	Suite, Apt. #, etc. 27
City & State 23 Port Charlotte	City & State 28 Port Charlotte
Zip 24 33952 Country 25 Fla.	Zip 29 33952 Country 30 Fla

9. Name and Address of Current Registered Agent

~~HOCHSTETLER, DENNIS~~
~~785 IVANHOE ST.~~
~~PORT CHARLOTTE FL 33952~~

10. Name and Address of New Registered Agent

01 Name	KOLENDA ERNEST J.
02 Street Address (P.O. Box Number is Not Acceptable)	23051 PERU AVE N.E
03	
04 City	PORT CHARLOTTE FL 05 Zip Code 33952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	~~HOCHSTETLER, DENNIS~~
STREET ADDRESS	~~785 IVANHOE ST.~~
CITY-ST-ZIP	~~PORT CHARLOTTE FL 33952~~
TITLE	DS
NAME	~~HOCHSTETLER, A. RENEE~~
STREET ADDRESS	~~785 IVANHOE ST.~~
CITY-ST-ZIP	~~PORT CHARLOTTE FL 33952~~
TITLE	DP
NAME	KOLENDA, ERNEST J
STREET ADDRESS	717 PERU AVE N.E.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	DV
NAME	KOLENDA, GOLDIE M
STREET ADDRESS	717 PERU AVE N.E.
CITY-ST-ZIP	PORT CHARLOTTE FL 33052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	☒ Change ☒ Addition
12 NAME	SINGLETON, ACE	
13 STREET ADDRESS	2357 Ivanhoe	
14 CITY-ST-ZIP	Port Charlotte Fla 33952	
21 TITLE	D	☒ Change ☒ Addition
22 NAME	FEELY, STEPHEN	
23 STREET ADDRESS	1999 Kings Highway apt 12C	
24 CITY-ST-ZIP	Port Charlotte Fla 33982	
31 TITLE	E.J. Kolenda	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	23051 PERU AVE. N.E.	
34 CITY-ST-ZIP	Port Charlotte Fla 33952.	
41 TITLE	Goldie Kolenda	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	23051 PERU AVE N.E.	
44 CITY-ST-ZIP	Port Charlotte Fla 33952	
51 TITLE	D	☐ Change ☒ Addition
52 NAME	ADAMS ~~ERIC~~ ERGEVIC	
53 STREET ADDRESS	625 Lyman St.	
54 CITY-ST-ZIP	Port Charlotte Fla 33952	
61 TITLE	S.T. Secretary	☐ Change ☒ Addition
62 NAME	SINGLETON SYLVIA	
63 STREET ADDRESS	1990 Kings Highway 131-B	
64 CITY-ST-ZIP	Port Charlotte Fla 33980	

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)(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 addition.

SIGNATURE: E.J. Kolenda Pres 2/9/95 813-627-5813
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

600184Y