

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 # N93000002450 (5)

1. Corporation Name

THE GOSPEL OF GRACE ASSEMBLY, INC.



Principal Place of Business

Mailing Address

23051 PERU AVE NE
PORT CHARLOTTE FL 33952
US

23051 PERU AVE NE
PORT CHARLOTTE FL 33952
US

3. Date Incorporated or Qualified
05/28/1993

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0422330

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

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

23
Zip

Country

28
Zip

Country

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

24

25

29

30

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

KOLENDA, ERNEST J.
23051 PERU AVE NE
PORT CHARLOTTE FL 33952

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

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 SINGLETON, ACE
STREET ADDRESS 2357 IVANHOE
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TEEL, STEPHEN
STREET ADDRESS 1999 KINGS HIGHWAY #12C
CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME KOLENDA, ERNEST J
STREET ADDRESS 23051 PERU AVE NE
CITY-ST-ZIP PORT CHARLOTTE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME KOLENDA, GOLDIE M
STREET ADDRESS 23051 PERU AVE NE
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE D ☐ DELETE
NAME ADAMS, ERIC
STREET ADDRESS 625 WARNE ST
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE ST ☐ DELETE
NAME SINGLETON, SYLVIA
STREET ADDRESS 1990 KINGS HIGHWAY 131-B
CITY-ST-ZIP PORT CHARLOTTE FL

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:

Sylvia Singleton Sec/Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

Date

941-627-5813

Daytime Phone

CR2E037 (12/95)