

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004812 (4)

1. Corporation Name

GRACE FELLOWSHIP BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

5801 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

5801 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 08/28/1995
4. FEI Number 65-0570479	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 checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, DAVID
7831 NEW YORK AVE.
HUDSON FL 34667

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

LEON, DAVID

STREET ADDRESS

7831 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

CITY - ST - ZIP

TITLE

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NAME

MCCOY, PAUL

STREET ADDRESS

5610 GATEWAY DRIVE
TAMPA FL 33615

CITY - ST - ZIP

TITLE

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NAME

LEON, ANTHONY

STREET ADDRESS

1115 FERN AVE.
HOLIDAY FL 34662

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