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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N93000004812 (4) **DOCUMENT #** GRACE FELLOWSHIP BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 5801 TROUBLE CREEK ROAD 5801 TROUBLE CREEK ROAD **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 3a. Date of Last Report 3. Date Incorporated or Qualified 10/25/1993 08/28/1995 Applied For 4 FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0570479 Not Applicable 21 26 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Žip Country Yes 🔣 No Florida Statutes 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LEON, DAVID Street Address (P.O. Box Number is Not Acceptable) 7831 NEW YORK AVE. HUDSON FL 34667 83 City 85 Zip Code 64 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 re-instating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/3/6) OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 11 TITLE TtTL F LEON, DAVID 1.2 NAME NAME 7831 TROUBLE CREEK ROAD 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition , Nike Grace Gloo Mocking bird War So, DELETE 2 1 TITLE TITLE MCCOY, PAUL 2.2 NAME NAME 5610 GATEWAY DRIVE 2.3 STREET ADDRESS STREET ADDRESS ST. Pete 33707 **TAMPA FL 33615** 2. 4 CITY - ST-ZIP CITY - ST - ZIP Change DELETE Addition 31 TITLE TITLE LEON, ANTHONY 3.2 NAME NAME 1115 FERN AVE. 3.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34662 3.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP. 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 o) Block 13 if changed, or on an attachment with an address.

NATURE AND TYPED OR PRINTED NAME OF

SIGNATURE

7/30/96 (407)839-4200

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