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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N

1. Corporation Name

N93000004812 (4)

GRACE FELLOWSHIP BAPTIST CHURCH, INC.

FILED May 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
			DI TROUBLE CREEK ROAD W PORT RICHEY FL 34652-5130				
					3. Date Incorporated or Qualified 10/25/1993	3a. Date of 1 08/0	1 Report
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0570479			
Suite, Apt #	f, etc.	Suite, Apt. #, etc.	· ·		5. Certificate of Status Desired		75 Additional se Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zφ	Country	Zip	Cour	ntry	8. This corporation has liability for in	ntangible tax un	der s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	platered Agent	
]	81 Name			
LEON, DAVID 7831 NEW YORK AVE.					dress (P.O. Box Number is Not Acceptable	le)	·····
HUDSON	i FL 34667		[83			
			į.	84 City		B5	Zip Code
					poration submits this statement for the pution's board of directors. I hereby accep		
SIGNATURE							
SIGNATURE _	Signature, typed or printed name of registered as	pent and title if applicable. (NO ND DIRECTORS	TE: Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12
3		<u> </u>					
12.	OFFICERS AND LEON, DAVID	ND DIRECTORS DELETE	13.	LE		ERS AND DIREC	
12.	OFFICERS AND LEON, DAVID 7831 TROUBLE CREEK ROA	ND DIRECTORS DELETE	13. 1.1 TITI 1.2 NA	LE		ERS AND DIREC	
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4. To nereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)(i). Plotted statutes, indirect early 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 an 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 changes for on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/1

Daytime Phone # 0067964