

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 20 AM 11:12

DOCUMENT # N93000004851 (2)

1. Corporation Name

GRACE COMMUNITY CHAPEL OF PORT ST. JOHN, INC.

Principal Place of Business

Mailing Address

6587 BETTY AVE.
PORT ST. JOHN FL 32927

6587 BETTY AVE.
COCOA FL 32927
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1993
3a. Date of Last Report 05/01/1994

4. FBI Number 59-3217728
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5061 Jamaica Rd
Suite, Apt. #, etc.

26 3123 IPSWICH DRIVE
Suite, Apt. #, etc.

22

27

23 City & State
Port St. John

28 City & State
Cocoa, FL

24 Zip 32927 Country Brevard

29 Zip 32926-4491 Country Brevard

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDER, STANLEY W
5061 JAMAICA RD.
PORT ST. JOHN FL 32927

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 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

Signature, typed or printed name of registered agent and title of applicant.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LINDER, STANLEY W
STREET ADDRESS 5061 JAMAICA RD.
CITY- ST- ZIP PORT ST. JOHN FL 32927

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

TITLE DV
NAME WILLIS, H J
STREET ADDRESS 6587 BETTY AVE.
CITY- ST- ZIP PORT ST. JOHN FL 32927

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

TITLE DS
NAME ENOS, WILLIAM
STREET ADDRESS 8717 JASMINE CT.
CITY- ST- ZIP CAPE CANAVERAL FL 32920

3.1 TITLE Change Addition
3.2 NAME no longer officer
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE DT
NAME ARNDT, JEFFREY W
STREET ADDRESS 4270 CAPRON RD.
CITY- ST- ZIP TITUSVILLE FL 32780

4.1 TITLE Change Addition
4.2 NAME no longer officer
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME D/S/T
5.3 STREET ADDRESS PAMELA GAY WOLD
5.4 CITY- ST- ZIP 3123 IPSWICH DRIVE
COCOA, FL 32926-4491

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME DVP
6.3 STREET ADDRESS LEON OLGUIN
6.4 CITY- ST- ZIP 3775 FELDA STREET
COCOA FL 32926

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 110.07(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: PAMELA GAY WOLD *Pamela Gay Wold* 1/25/95 407-254-1212
SIGNATURE AND TYPED OR PRINTED NAME OF BIOHING OFFICER OR DIRECTOR (Date) (Telephone Number)