


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000004851 (2)**  
1. Corporation Name  
**GRACE COMMUNITY CHAPEL OF PORT ST. JOHN, INC.**



Principal Place of Business <b>5061 JAMAICA ROAD PORT ST. JOHN FL 32927 US</b>	Mailing Address <b>3123 IPSWICH DRIVE COCOA FL 32926-4491 US</b>
---	---

3. Date Incorporated or Qualified <b>10/22/1993</b>		
4. FEI Number <b>59-3217728</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>3775 Felda Street</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>P.O. Box 522</b>
City & State 23 <b>Cocoa, FL</b>	City & State 27 <b>Sharpes, FL</b>
Zip 24 <b>32926</b>	Country 25
Zip 28 <b>32959</b>	Country 30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name <b>James E. Repp</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>1027 Jersey St.</b>		
83		
84 City <b>Port St. John</b>	85 State <b>FL</b>	86 Zip Code <b>32927</b>

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 James E. Repp **James E. Repp** **4/22/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP LINDER, STANLEY W 5061 JAMAICA RD. PORT ST. JOHN FL 32927</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP OLGUN, LEON 3775 FELDA STREET COCOA FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST REPP, JAMES E 1027 JERSEY ST PORT ST. JOHNS FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>DP James H Grossman 4090 VANCOUVER AVE. COCOA FLA 32926</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James E. Repp **James E. Repp** **4/22/98** **407 639-4719**

CR2E037 (10/97)