FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

N93000005655 (6)

GRACE WORSHIP CENTER, INC. Principal Place of Business Mailing Address									
1132 EAST WINTER GAI US	PLANT ST. RDEN FL 34787	1132 EAST PLANT ST. WINTER GARDEN FL : US							
						3. Date Incorporated or Qualified 12/13/1993	3a. Date of Las 05/01/		
	lace of Business	2a. Mailing Address 26	1			4. FEI Number 59-3220192	Applied For		\exists
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				SR 75 Additional			-
22	,	27	<u> </u>			5. Certificate of Status Desired		Bequired	
City & Stat	e	City & State				6. Election Campaign Financing	_ \$5.0	00 May Be	\neg
23	· · · · · · · · · · · · · · · · · · ·	28	-			Trust Fund Contribution L. Added to Fees			
Zip 24	Country Z _{IP} 25 30			Country		8. This corporation has liability for intangible tax under s. 199,032,			
	9. Name and Address of Cur	rent Registered Agent	30			Florida Statutes			_
				81 Na	me	TO. HOME BITE AUDIES OF HEW NO	gistered Agent		\dashv
FAIRCL	OTH, RICKY L								_
	RTH BOYD STREET		82 Street Ad			ess (P.O. Box Number is Not Acceptable)		
	R GARDEN FL 34787			83					┪
				84 Oit	7		FL 85 Z	ip Code	\dashv
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statut	es, the abo	ve name	d corpora	ation submits this statement for the purpo	ase of changing its	registered offic	e l
or registe familiar wi	red agent, or both, in the State of F ith; and acce b t the∕oblications of, \$	jorida. Such change was authoriz ection 617,0503. Florida Statutes	ed by the c	orporatio	n's boar	d of directors. Thereby accept the appoint	ntment as registere	d agent. I am	
SIGNATURE	Kich X-to OV	2.1					Parilas	9/0	j
	Signature types or brinted name of registered a		OTE Bagistered	Agent signa	lure required	when renistating	ATE 9	70	-
12.	T	AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFIC			<u></u> Ξξ
THE	STD	DELETE	1.1 TH				☐ Change	Addition	CR2E037 (12/95)
NAME DEDCCY ADDRESS	FAIRCLOTH, M L	T	1.2 NA	_					33
STREET ADDRESS		MENTER CARRENT EL CARCA		REET ADORE	SS				ਸ਼
CITY-ST-ZIP TITLE	PD PD	DELETE	2 1 7(1	TY-ST-ZIP			Change	☐ Addition	뜻
NAME	FAIRCLOTH, RICKY L	Lijoecene	22 NA				L) C:lange		
STREET ADDRESS	368 NORTH BOYD STREE	T		REET ADDRE	·cc				
CITY-ST-ZIP	WINTER GARDEN FL 3478			TY-SI-ZIP	.33				
TITLE	D	DELETE	3 1 TIT				Change	Addition	\dashv
NAME	FAIRCLOTH, BONNIE E.		3 2 NA	ME	ı			—	}
STREET ADDRESS	368 N BOYD ST.		3 3 ST	REET ADDRE	SS				
CITY-ST-ZIP	WINTER GARDEN FL		3.4 Ci	TY-ST-ZIP					
TITLE		DELETE	4 1 TIT	LE			☐ Change	☐ Addition	٦
NAME			4 2 N/	AME					
STREET ADDRESS			435	REET ADDRE	SS				
CITY-ST-ZIP		F-1		Y-ST-ZIP					_
TITLE		DELETE	5 1 TH				Change	☐ Addition	
NAME			52 NA						
STREET ADDRESS				REET ADDRE	SS				
CITY-SI-ZIP		□ DELETE		Y - ST - ZHP					4
TOTLE		DELETE	61 111				☐ Change	☐ Addition	
NAME CTOSET ADDOCCC			6 2 NA						
STREET ADDRESS				6 3 STREET ADDRESS					
CITY-ST-ZIP	L		6.4 CH	Y · 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 or Block 13 if changed, or on an attachment with an address. AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

SIGNATURE: