

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N94000001264 (0)
1. Corporation Name
GRACE BAPTIST CHURCH OF THE FLORIDA KEYS, INC.



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| Principal Place of Business 151 PALOMINO HORSE TRAIL BIG PINE KEY FL 33043 US | Mailing Address P.O. BOX 420160 SUMMERLAND KEY FL 33042-0160 |
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|---|----------------------|--|-----------------------------|--|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 151 PALOMINO HORSE TRAIL DR | | 3. Date Incorporated or Qualified 03/09/1994 | | 3a. Date of Last Report 01/31/1996 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0474637 | | Applied For Not Applicable | |
| City & State 23 | | City & State 28 BIG PINE KEY FL | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 24 | Country 25 | Zip 29 33043 | Country 30 MONROE | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent DARBY, JUNE A 27476 MARTINIQUE LANE RAMROD KEY FL 33042 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 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 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DARBY, EVAN R | | | 1.2 NAME | | | |
| STREET ADDRESS | 27476 MARTINIQUE LANE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | RAMROD KEY FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARTIN, DOUGLAS | | | 2.2 NAME | | | |
| STREET ADDRESS | RT 4 BOX 1224A | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SUMMERLAND KEY FL 33042 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GOINS, SCOTT | | | 3.2 NAME | | | |
| STREET ADDRESS | RT 2 BOX 573N | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SUMMERLAND KEY FL 33042 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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: *[Signature]* Jan 13 1997 305 872 9879

CR2E037 (9/96)