


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001264					
1. Corporation Name GRACE BAPTIST CHURCH OF THE FLORIDA KEYS, INC.					
Principal Place of Business 151 PALOMINO HORSE TRAIL BIG PINE KEY FL 33043 US			Mailing Address 151 PALOMINO HORSE TRAIL DR. BIG PINE KEY FL 33043 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0474637	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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 LOCKIE BOWMAN		
				82	Street Address (P.O. Box Number is Not Acceptable) 29610 MAHOGANY LANE		
				83			
				84	City BIG PINE KEY	85	Zip Code FL 33043

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 **LOCKIE BOWMAN (SECRETARY)**
Signature, typed or printed name of registered agent and title if applicable.

Lockie Bowman 1-22-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARBY, EVAN R			1.2 NAME	ROBERT McDANIEL		
STREET ADDRESS	27476 MARTINIQUE LANE			1.3 STREET ADDRESS	3681 FOX STREET		
CITY-ST-ZIP	RAMROD KEY FL			1.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	MARTIN, DOUGLAS			2.2 NAME			
STREET ADDRESS	29610 MAHOGANY LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL			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 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, with all other like empowered.

SIGNATURE: *Douglas S. Martin* SIGNATURE REQUIRED **DOUGLAS S. MARTIN** 1-22-99 305-872-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)