

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -8 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002192 (2)

1. Corporation Name

GRACE CHRISTIAN FELLOWSHIP OF CENTRAL FLORIDA, I
NC.

Principal Place of Business

Mailing Address

1712 NE 40TH AVE
OCALA FL 34470

1712 NE 40TH AVE
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/29/1994

4. FBI Number

Applied For

Not Applicable

59-3246752

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

WRIGHT, ROBERT R
1712 NE 40TH AVE
OCALA FL 34470

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

Robert R. Wright

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when refiled)

Robert R. Wright

1/12/95

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P D
NAME	WRIGHT, ROBERT R
STREET ADDRESS	1712 NE 40TH AVE
CITY - ST - ZIP	OCALA FL 34470
TITLE	VT D
NAME	JONES, ELBERT L
STREET ADDRESS	1812 NE 49TH AVE
CITY - ST - ZIP	OCALA FL 34471
TITLE	S D
NAME	WARNER, MAURICE L
STREET ADDRESS	3551 S HWY 314A
CITY - ST - ZIP	OCKLAWASHA FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 110.07(3)(b), 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:

Robert R. Wright

Signature and typed or printed name of signing officer or director

Robert R. Wright, President & Resident Agent

1/12/95

Date

(904) 286-4602

Telephone Number