

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N94000002886 (9)**

1. Corporation Name
GRACE CHURCH MINISTRY, INC.



Principal Place of Business: 1752 ALABAMA AVE, OPA LOCKA FL 33054
 Mailing Address: 3470 N.W. 171 TERR, MIAMI FL 33056

3. Date Incorporated or Qualified: **06/10/1994**
 3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business: **GRACE CHURCH MINISTRY, INC.**
 Suite, Apt. #, etc.: **18201 N.W. 37 AVE**
 City & State: **MIAMI, FL.**
 Zip: **33056** Country: **DADE**

4. FEI Number: **65-0513166**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WRIGHT, JAMES
3470 NW 171ST TER
MIAMI FL 33055

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: James Wright, President, James Wright DATE: 6/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JAMES REV	1.2 NAME	
STREET ADDRESS	3470 N.W. 171 TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33056	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARGIE W	2.2 NAME	
STREET ADDRESS	4275 N.W. 182 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33056	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEALS, MARY	3.2 NAME	
STREET ADDRESS	1791 N.W. 151 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33054	3.4 CITY - ST - ZIP	
TITLE	BOTP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, MARSHALL	4.2 NAME	
STREET ADDRESS	20901 N.W. 37 AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33056	4.4 CITY - ST - ZIP	
TITLE	BO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, RONALD	5.2 NAME	
STREET ADDRESS	4275 N.W. 182 STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33056	5.4 CITY - ST - ZIP	
TITLE	BO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEALS, GAIL	6.2 NAME	
STREET ADDRESS	12801 N.W. 27TH AVE., APT. 312	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	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 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

SIGNATURE: James Wright SIGNATURE REQUIRED: _____ DATE: _____ DAYTIME PHONE #: 624-6171

CR2E037 (3/96)