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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002886

1. Corporation Name

GRACE CHURCH MINISTRY, INC.

Principal Place of Business
GRACE CHURCH MINISTRY, INC.
18201 N.W. 37 AVE.
MIAMI FL 33054
US

Mailing Address
3470 N.W. 171 TERR
MIAMI FL 33056



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/10/1994

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

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

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 *James Wright, President* **JAMES WRIGHT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WRIGHT, JAMES REV**
STREET ADDRESS **3470 N.W. 171 TERR**
CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE **S** ☐ DELETE
NAME **ANDERSON, MARGIE W**
STREET ADDRESS **4275 N.W. 182 STREET**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **T** ☐ DELETE
NAME **SEALS, MARY**
STREET ADDRESS **1791 N.W. 151 STREET**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **BOTP** ☐ DELETE
NAME **BANKS, MARSHALL**
STREET ADDRESS **20901 N.W. 37 AVE.**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **BOT** ☐ DELETE
NAME **WEAVER, RONALD**
STREET ADDRESS **4275 N.W. 182 STREET**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **BOT** ☐ DELETE
NAME **SEALS, GAIL**
STREET ADDRESS **12601 N.W. 27TH AVE., APT. 312**
CITY-ST-ZIP **MIAMI FL 33185**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **ANNA D. WRIGHT**
1.3 STREET ADDRESS **3470 N.W. 171 TERR**
1.4 CITY-ST-ZIP **MIAMI FL 33056**

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 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: *James Wright, President* **JAMES WRIGHT** **4/27/99** **(305) 624-6171**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)