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NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004058 (3)

corpora	ing raile	•	•				
GRA	CE BAPTIST CHURCH OF	WEST PASCO, INC.				HI (11) 10) Hi ll 11	
Principal Place of Business Mailing Address					I HABIFRY: DIO FOKIP BIDIA OCTAL DOICH BOKIT OC	ilk ogni blan bakol okt	91 1814 (8 8)
P.O. BOX 7171 P.O. BOX 7171 BAYONET POINT FL 34674 BAYONET POINT FL 34674					3. Date Incorporated or Qualified		
			74		08/15/1994		
					4. FEI Number	Appl	lied For
					59-3258389	Not /	Applicable
	Place of Business	2a. Mailing Address	dress		6. Certificate of Status Desired	\$8.75 Ad	ditional
1		26			C. Commodite of States Desired	Fee Requ	uired
	pt. #, etc.	Suite, Apt. #, etc.	Apt. #, etc.		6. Election Campaign Financing	\$5.00 Ma	зу Ве
2		27			Trust Fund Contribution	Added to F	988
City & State					7. Is this nonprofit corporation a homeowners association?		
Zip	Country	28 Zip	Count	<u> </u>			
2 IP	 	<u>├</u>	30	' y	8. This corporation owes or has paid the	current year Intan	-
4	25 9. Name and Address of Curr	29 rent Begistered Agent	[30]		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		
	5. Halle the Address of Call	TOTAL PROPERTY AND IN	8	1 Name	IV. Hame and Addition of New Property	on vitalic	
	ON FL 34667	NEO2 and E17 1509 Elovida Statu	8 8	4 City		85 Zip Co	
office o agent. I	nt to the provisions of Sections 517.0 or registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 617.0503, F	authorized I Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE	E Signature, typed or printed name of registered	agent and title if applicable (NO	OYE: Registered A	gent signature requ	uired when reinstating) DAT	<u></u>	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 12
TITLE	T	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CORNWELL, RYAN L		1.2 NAME	:			
STREET ADDRESS	s 16234 TOMAHAWK ST.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HUDSON FL		1.4 CITY	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	HILDIEBRANDT, MICHAEL		2.2 NAME	:			
STREET ADDRES	s 7706 SYLVAN DR.		2.3 STRE	ET ADDRESS			
CITY - ST - ZIP	HUDSON FL		2.4 CITY	-ST-ZIP			
TITLE	T	DELETE	3.1 TITLE			Change	Addition
NAME	BECK, CLIFFORD		3.2 NAMI	:			
STREET ADDRESS	s 16488 TOMAHAWK ST.		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	HUDSON FL		3.4. CITY	-ST-ZIP			
TITLE	 	DELETE	A 1 TITLE			Channe	Addition

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 proporation 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST-ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

Change

Change

☐ Addition

Addition

FILED

Apr 20 1998 8:00am

Secretary of State