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May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000004441 (1)

1. Corporation Name

THE GREATER GRACE SPRING HILL OUTREACH, INC.

Principal Place of Business

Mailing Address

154 COMMERCIAL WAY  
SPRING HILL FL 34806  
US

306 BEVERLY CT  
SPRING HILL FL 34806-5326

3. Date Incorporated or Qualified  
09/06/1994

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEE, RON  
306 BEVERLY CT  
SPRING HILL FL 34806

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

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

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	MC FARLAND, CHRISTOPHER L	1.2 NAME	
STREET ADDRESS	4765 49TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33743	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	FEE, RON	2.2 NAME	
STREET ADDRESS	306 BEVERLY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34806	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SNOWDEN, ELIZABETH F	3.2 NAME	
STREET ADDRESS	373 DANDELION CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	HOUSEHOLDER, DORIS	4.2 NAME	
STREET ADDRESS	4632 LANDOVER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34806	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088409

CR2E037 (9/96)