

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 6/30/95: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

APPROVED AND FILED

95 JUN 29 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N94000005787 (6)

1. Corporation Name
GRACE UNITED COMMUNITY CHURCH, INC.

Principal Place of Business Mailing Address
% MARGULIES & RONES PA % MARGULIES & RONES PA
16105 NE 18TH AVE 16105 NE 18TH AVE
NORTH MIAMI BEACH FL NORTH MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/23/1994** 3a. Date of Last Report
 4. FBI Number Applied For Not Applicable

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.

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 **FILING FEE IS \$61.25**
 8. The corporation has liability for intangible tax under s. 169.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RONES, VICTOR K
16105 NE 18TH AVE
NORTH MIAMI BEACH FL 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARCHIBALD, DENNIS D
STREET ADDRESS	20310 NE 10TH PL
CITY-ST-ZIP	MIAMI FL 33179
TITLE	D
NAME	ARCHIBALD, MATTHEW
STREET ADDRESS	1740 NW 191ST ST
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D
NAME	PERRY, GILBERT
STREET ADDRESS	871 NW 179TH ST
CITY-ST-ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000001528820
1.4 CITY-ST-ZIP	-07/03/95--01007--016
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***155.00 ***155.00
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Dennis D. Archibald*

6/21/95

CR2E037 (3/95)