

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # N94000005787 (6)
 Corporation Name
GRACE UNITED COMMUNITY CHURCH, INC.



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

| | | |
|--------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| 3. Date Incorporated or Qualified 11/23/1994 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 4. FEI Number 65-0539561 | | |

| | | | | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|------------|------------|------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip | 24 Country | 25 Country | 29 Country | 30 Country |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|------------|------------|------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCHIBALD, DENNIS D | 1.2 NAME | |
| STREET ADDRESS | 20310 NE 10TH PL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33179 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCHIBALD, MATTHEW | 2.2 NAME | |
| STREET ADDRESS | 1740 NW 191ST ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33056 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, GILBERT | 3.2 NAME | |
| STREET ADDRESS | 871 NW 179TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33169 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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 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]* **4. 24. 98** (305-651-1444)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032000

CFR2037 (10/97)