

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002299 (4)**

1. Corporation Name

**GRACE CHAPEL OF THE PALM BEACHES, INC.**



Principal Place of Business <b>3970 RCA BLVD STE 7008 PALM BCH GRDNS FL 33410 US</b>	Mailing Address <b>3970 RCA BLVD STE 7008 PALM BCH GRDNS FL 33410 US</b>
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3. Date Incorporated or Qualified <b>05/10/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0593492</b>	

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>FOSTER, JOHN F 1897 PALM BEACH LAKES BLVD SUITE 219 WEST PALM BEACH FL 33409</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBEY, MIKE</b>	1.2 NAME	
STREET ADDRESS	<b>1884 JUNO ISLES BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N PALM BEACH FL 33408</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOSTER, CAROLYN</b>	2.2 NAME	<b>CLARK, DALE</b>
STREET ADDRESS	<b>123 1ST WAY</b>	2.3 STREET ADDRESS	<b>9011 WEST HIGHLAND PINE DRIVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	2.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QORY, TIM</b>	3.2 NAME	
STREET ADDRESS	<b>185 WANDERING TR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	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	<b>900002582889</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-07/08/98--01051--008</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***\$61.25</b>

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: \_\_\_\_\_

CR2E037 (10/97)