

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003053 (4)

1. Corporation Name

THE GRACE OF GOD MINISTRIES, INC.



Principal Place of Business

5838 CRESTMONT AVENUE
CLEARWATER FL 34620

Mailing Address

5838 CRESTMONT AVENUE
CLEARWATER FL 34620

2. Principal Place of Business

21 5838 CRESTMONT AVE

2a. Mailing Address

26 1619 7TH AARRISON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLEARWATER FL

City & State

28 CLEARWATER FL

Zip

24 34620

Country

25 U.S.A.

Zip

29 34620

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BEHN, BETTY
5838 CRESTMONT AVENUE
CLEARWATER FL 34620

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report

NA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Betty Jo Behn, Betty Jo Behn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BEHN, BETTY
STREET ADDRESS 5838 CRESTMONT AVENUE
CITY-ST-ZIP CLEARWATER FL 34620

TITLE D ☐ DELETE

NAME BEHN, CHARLES
STREET ADDRESS 5838 CRESTMONT AVENUE
CITY-ST-ZIP CLEARWATER FL 34620

TITLE SD ☐ DELETE

NAME THOMAS, NAVET
STREET ADDRESS 1109 1/2 GOULD
CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001839849

05/25/96--01002--003

***61.00

☐ Change ☐ Addition

☐ Change ☐ Addition

5/24/96

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:

Betty Jo Behn, Betty Jo Behn

Signature, typed or printed name of signing officer or director

Date

4-1-96

Daytime Phone #

913-523-1231

CR2E037 (12/95)