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**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9500005341

| Principal Place of Business |
|-----------------------------|
| 2708 N AUSTRALIAN           |
| SUITÉ 5                     |
| WEST PALM BCH FL 33407      |
| <del>.</del>                |

## **FILED** Mar 03, 1999 8:00 am § Secretary of State 03-03-1999 90033 006 \*\*\*\*61.25

| GRACE BAPTIST PRAISE & WORSHIP CTR., INC.   |  |   |   | 1 153263 · 90033 · 6 9 *                             |               |                                |                                     |                 |
|---|--|---|---|--|---------------|--------------------------------|-------------------------------------|-----------------|
| Principal Place<br>2708 N AUSTR<br>SUITE 5<br>WEST PALM BOUS  | ALIAN  | Mailing Address<br>2708 N AUSTRALIAN<br>STE 5<br>WEST PALM BCH FL 33407<br>US |   |  |               |                                |                                     |                 |
|   | ace of Business<br>Southern BlVN   | 2a. Mailing Address 26 930 South  | ORAL BLUD   | 3. Date Incorporated or Qualifed 11/13/1995          |               |                                |                                     |                 |
| 1 4 30<br>Suite, Apt. i   |  | Suite, Apt. #, etc.   | <u> </u>  | 4. FEI Number  |               | Apr                            | olied For                           |                 |
| 2   | rr, 010.   | 27  |   | 65-0623919   | •             | ···                            | Applicable                          |                 |
| Çityı & State   | Palm Beach FL  | City & State  | Beach Fl  | 5. Certifcate of Status Desired                      |               | <b>\$8.75</b> A Fee Re         |                                     |                 |
|   |  | 20 1.0.0  | Country   | 6. Election Campaign Financing                       |               | \$5.00                         | May Be                              |                 |
| 334c  | 5 25 45  | <sup>Zip</sup> 33405 30   | J U. 3  | Trust Fund Contribution                              |               | Added to                       |                                     |                 |
| <u>'I'</u>  | 9. Name and Address of Current   | Registered Agent  |   | 10. Name and Address of New                          | Registered /  | \gent                          |                                     |                 |
|   |  |   | 81 Name   | ienneth & Bow  | ling          |                                |                                     |                 |
| BOWLING.  | , Kenneth R  |   | 82 Street Add   | ress (P.O. Box Number is Net Accept                  |               |                                |                                     |                 |
|   | JSTRALIAN AVE  |   |   | ress (P.O. Box Number is Not Accept<br>Souther N 3 V | <u> </u>      |                                |                                     |                 |
| SUITE 5   |  |   | 83 1  | st Halm Beach  |               | •                              | ·                                   |                 |
| WEST PAL  | LM BCH FL 33407  |   | 84 City   | 30 114[17] 1220.00                                   |               | 85 Zip C                       | 405                                 |                 |
|   |  |   |   |  | FL            |                                |                                     |                 |
| <ol> <li>Pursuant to office or re</li> </ol>  | to the provisions of Sections 617.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation  | and 617.1508, Florida Statutes,<br>f Florida, Such change was auth            | the above-named corporati   | on's board of directors. I hereby acce               | pt the appoir | manging its<br>itment as reg   | pistered                            |                 |
| agent. I ar   | m familiar with, and accept the obligation   | ops of, Section 617.0503, Florida   | Statutes.   | , •  | 2/2/          | '~~ ·                          |                                     |                 |
|   |  |   |   |  |               |                                |                                     |                 |
| SIGNATURE   | somely d. D.   | Miller  |   |  |               | 44                             |                                     | <i>≈</i>        |
| SIGNATURE   | Signature, typed or printed rame of egistered agent  | and title if applicable. (NOTE: Re  | gistered Agent signature requin   |  | DATE          | 49                             | RS IN 12                            | (86)            |
| SIGNATURE   | OFFICERS AND   | and title if applicable. (NOTE: Re  | gistered Agent signature requin   | ed when reinstating)                                 | DATE          | 49                             | RS IN 12                            | (11/98)         |
| SIGNATURE<br>12.  | OFFICERS AND   | and the frapplicable. (NOTE: Re   | gistered Agent signature requin   | ed when reinstating)                                 | DATE          | D DIRECTO                      |                                     | 37 (11/98)      |
| SIGNATURE 12. TITLE NAME  | OFFICERS AND D RELLFORD, VERNA   | and the frapplicable. (NOTE: Re   | gistered Agent signature requin<br>13.  | ed when reinstating)                                 | DATE          | D DIRECTO                      |                                     | E037 (11/98)    |
| 12. TITLE NAME STREET ADDRESS   | OFFICERS AND<br>D<br>RELLFORD, VERNA<br>1569 W. 21ST ST  | and the frapplicable. (NOTE: Re   | gistored Agent signature requir<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS   | ed when reinstating)                                 | DATE          | D DIRECTO                      |                                     | R2E037 (11/98)  |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND D RELLFORD, VERNA   | and the frapplicable. (NOTE: Re   | gistered Agent signature requin  13.  1.1 TITLE  1.2 NAME   | ed when reinstating)                                 | DATE          | D DIRECTO                      |                                     | CR2E037 (11/98) |
| SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | OFFICERS AND<br>D<br>RELLFORD, VERNA<br>1569 W. 21ST ST<br>WEST PALM BEACH FL 33404<br>T   | DIRECTORS  DELETE   | gistored Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | ed when reinstating)                                 | DATE          | D DIRECTO                      | ☐ Addition                          | CR2E037 (11/98) |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | OFFICERS AND D RELLFORD, VERNA 1569 W. 21ST ST WEST PALM BEACH FL 33404 T CHAMLESS, JOSEPH   | DIRECTORS  DELETE   | gistered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | ed when reinstating)                                 | DATE          | D DIRECTO                      | ☐ Addition                          | CR2E037 (11/98) |
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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, with all other like empowered.

SIGNATURE: