

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 # N95000005492 (2)

1. Corporation Name

GRACE COMMUNITY FELLOWSHIP INCORPORATED



Principal Place of Business

11092 VALENCIA AVENUE  
SEMINOLE FL 34644

Mailing Address

C/O ROBERT W. JOKELA  
POST OFFICE BOX 5391  
LARGO FL 34649

3. Date Incorporated or Qualified  
11/17/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 P.O. BOX 3722

Suite, Apt. #, etc.

27

City & State

28

SEMINOLE, FL

29

34645

30

Country

4. FEI Number

59-3348169

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

9. Name and Address of Current Registered Agent

PARRI, RAYMOND L P.A.  
1217 PONCE DE LEON BLVD.  
CLEARWATER FL 34616

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DP

DOVERNAY, DAVID  
8291 56TH STREET  
PINELLAS PARK FL 34685

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DV

BRITTIN, JAMES  
1478 CROYDEN AVENUE  
CLEARWATER FL 34616

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DS

JOKELA, ROBERT W  
11092 VALENCIA AVENUE  
SEMINOLE FL 34644

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DT

DIMMICK, JEFFREY S  
10511 127TH AVENUE NORTH  
LARGO FL 34643

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

D

CROW, BRUCE  
8920 OAK STREET NE  
ST. PETERSBURG, FL 33702

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

D

BOYLE, WILLIAM  
1113 DUNCAN AVENUE SOUTH  
CLEARWATER, FL 34616

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

900001851279

06/05/96 01010 016

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☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APRIL, 1996

(613) 576 4664

Date

Daytime Phone #

CR2E037 (12/95)