

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 18 1997 8:00am  
Secretary of State

DOCUMENT # N96000004225 (6)

1. Corporation Name

BY HIS GRACE CHRISTIAN MINISTRIES, INC.



Principal Place of Business

Mailing Address

4509 10TH AVENUE NORTH  
ST. PETERSBURG FL 33712

4509 10TH AVENUE NORTH  
ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 5301 Luci Ct #129

Suite, Apt. #, etc.

22 #129

City & State

23 Tampa FL

Zip

24 33617

Country

25 US

2a. Mailing Address

26 P.O. Box 82279

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33682

Country

30 US

4. FEI Number

593396382

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KING, QUENTIN  
4509 10TH AVENUE NORTH  
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name

Same 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

QUENTIN J. KING - Quentin J. King 9-4-97

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 PD  
NAME KING, QUENTIN  
STREET ADDRESS 4509 10TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ DELETE

TITLE SD  
NAME KING, FREDIA  
STREET ADDRESS 4509 10TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ DELETE

TITLE TD  
NAME HOPEWELL, CHRIS  
STREET ADDRESS 4509 10TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ DELETE

TITLE D  
NAME HOPEWELL, MIKE  
STREET ADDRESS 4509 10TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ 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 PD King Quentin ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5301 Luci Ct #129  
1.4 CITY-ST-ZIP Tampa, FL 33617

2.1 TITLE SD King Fredia ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 5301 Luci Ct #129  
2.4 CITY-ST-ZIP Tampa, FL 33617

3.1 TITLE TD Fredia King ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 5301 Luci Ct #129  
3.4 CITY-ST-ZIP Tampa, FL 33617

4.1 TITLE D Beal Wanda ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 203 W Ida St.  
4.4 CITY-ST-ZIP Tampa, FL 33603

5.1 TITLE D TURN KING ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 5301 LUCI CT #124  
5.4 CITY-ST-ZIP TAMPA, FL 33617

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 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 REQUIRED King 9-4-97 988-3099

CR2E037 (4/97)