


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004799 (0)**

1. Corporation Name

GRACE LIFE FOREIGN HOME MISSIONS OF PANAMA CITY BEACH, INC.



Principal Place of Business 13300 BACK BEACH ROAD PANAMA CITY BEACH FL 32407	Mailing Address PO BOX 14121 PANAMA CITY BEACH FL 32413-4121
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3. Date Incorporated or Qualified 09/16/1996		3a. Date of Last Report	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt #, etc. 22		Suite, Apt #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BISHOP, MARKUS 13300 BACK BEACH ROAD PANAMA CITY BEACH FL 32407		10. Name and Address of New Registered Agent 81 Name: MARKUS Bishop 82 Street Address (P.O. Box Number is Not Acceptable): 13300 BACK BEACH ROAD 83 84 City: PANAMA CITY BEACH FL 85 Zip Code: 32407	
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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]* **MARKUS Bishop (D)** 01/07/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BISHOP, SCARLETT		1.2 NAME	
STREET ADDRESS 13300 BACK BEACH ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY BEACH FL 32407		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPELAND, JOHN		2.2 NAME	
STREET ADDRESS 13300 BACK BEACH ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY BEACH FL 32407		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BISHOP, MARKUS		3.2 NAME	
STREET ADDRESS 13300 BACK BEACH ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY BEACH FL 32407		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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* **MARKUS Bishop** 01/07/96 (904) 234-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *0000783

CR2E037 (9/96)