SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # N9600005817 (9)

HOLY GRACE CHURCH OF GOD, INC.

Principal Place of Business Mailing Address				LAYON DIIRY NOLBY LYBIN 1884 1889	
1282 NW 119TH STREET 1282 N.W. 1191		n STREET	3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
MIAMI FL 33168	MIAMI, FLORIDA	33168	11/13/1996		
	•		4. FEI Number	Applied For	
2. Principal Place of Business	2a. Mailing Address		65-0727733	Not Applicable	
21 1282 N.W. 119th STREET	26 1282 N.W. 1	10+ኑ ደጥኮፑፑጥ	5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	TYCH SIREET	6. Election Campaign Financing	Fee Required \$5.00 May Be	
22	27		Trust Fund Contribution	Added to Fees	
City & State City & State		-	7. Is this nonprofit corporation a homeowners association?		
Zip Country	28 MIAMI, FLORII	DA Jibres Country	Yes		
33168 25 U.S.A.	⊢ · ⊢	0.S.A.	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Yes X No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered		
81 Name					
DELICE, FEUX		82 Street Addr	SAME AS #9 Address (P.O. Box Number is Not Acceptable)		
320 N.W. 134th STREET					
MIAMI FL 3318 8		83			
		B4 City	FI	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 opligations of, seption 617.0503, Florida Statutes.					
SIGNATURE 1 STELLE NOVICE TYPESIDENT/ WIRETOR 7-1-48					
Signature, typed or printed name of registered agent a		: Registered Agent signature requi	lred when reinstating) DATE	!	
12. OFFICERS AND DIRECTORS TITLE PD DELETE		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
NAME DELICE, FELIX] DELETE	1.1 IIILE 1.2 NAME		Change Addition	
STREET ADDRESS 320 N.W. 134th STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33168	·1	1.4 City-St-ZiP			
TITLE SD	DELETE	2.1 TITLE		Change Addition	
NAME DEUCE, GISELE	<u></u>	2.2 NAME			
STREET ADDRESS 759 N.E. 126 STREET # 1		2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33161		2.4 CITY-ST-ZIP			
TITLE T	DELETE	3.1 TITLE		Change Addition	
NAME DUBUISSO, EUGENE		3.2 NAME		ļ	
STREET ADDRESS 70 N.W. 120 TERRACE OTY-ST-ZIP MIAMI FL		3.3 STREET ADDRESS			
TITLE VPD	DELETE	3.4 CITY-ST-ZIP			
NAME PARIS, MANES	Mercie	4.2 NAME		Change Addition	
STREET ADDRESS 248 N.E. 110 STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME	****	5.2 NAME			
STREET ADORESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	w-w		
TITLE	DELETE	6.1 TITLE		Change Addition	
NAME STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Ĭ	
		E AN ALL LALLE			

14. 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.

-7-6-98 769-5005

FILED

Jul 16 1998 8:00am

Secretary of State