

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000005908

1. Entity Name
**GRACE TABERNACLE CHURCH AND MINISTRIES OF
FORT WALTON BEACH, INC.**



FILED

08 NOV 18 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business
**218 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**218 EGLIN PKWAY NE
FORT WALTON BEACH, FL 32547 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3412131

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**MALHEIRO, DAVID M.
325 SUDDUTH CIRCLE
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David M. Malheiro* DATE 11/12/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALHEIRO, DAVID 325 SUDDUTH CIRCLE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900138034179 11/18/08--01007--007 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATRICK, LARRY B 221 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOE 94 RUBY CIRCLE MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, STAATS 640 NE POWELL DRIVE FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAILY, MARK 25 SHARILYN DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, JAMES 304 SOMERSET DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *David M. Malheiro* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19