FILE NOW: FILING FEE IS \$61.25

Mailing Address

BOX 130

10075 S FEDERAL HWY

PT ST LUCIE FL 34952-5614

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

10075 S FEDERAL HWY

PT ST LUCIE FL 34952

SIGNATURE:

BOX 130



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006284 (1)
1. Corporation Name

GRACE FELLOWSHIP BAPTIST CHURCH OF ST. LUCIE COUNTY, FLORIDA, INC.

				12/09/1996	ale of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0660529	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 27		27		V. Certificate of Status Desired	Fee Required	
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible		
24	25	29 30	0	Florida Statutes Yes		
Name and Address of Current Registered Agent			Od North	10. Name and Address of New Registered Agent		
			81 Name	oi Name		
JOHNSON, ARTHUR			82 Street Address (P.O. Box Number is Not Acceptable)			
1583 SW URBINO AVE			-			
PT ST LUCIE FL 34953			83			
			64 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						
			Registered Agent signature	=		
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		D SETELE	1.1 TITLE	Mr. Phil Aardsma P/D	Change Addition	
NAME			1.2 NAME	2551 SE Marius St.		
STREET ADDRESS			1.3 STREET ADDRESS	Port St. Lucie, FL 349	52	
CITY-ST-ZIP		The state of the s	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	V/D	Change Addition	
NAME			2.2 NAME	Mr. Carl Hester		
STREET ADDRESS			2.3 STREET ADDRESS	2109 SE Triumph Rd.	×0	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	2.4 CITY-ST-ZIP	Port St. Lucie, FL 349		
TITLE		E DECEIE	3.1 TITLE	S/D	Change Addition	
NAME			3.2 NAME	Mr. Rolf Altwein		
STREET ADDRESS			3.3 STREET ADDRESS	420 SW Fairway Landing		
CITY-ST-ZIP		E OSLETE	3.4. CITY-ST-ZIP	Port St. Lucie. FL 349		
TITLE		☐ DELETE	4.1 TITLE	D	Change Addition	
NAME			4. 2 NAME	Rev. Charles Phillips		
STREET ADDRESS			4.3 STREET ADORESS	431 Thanksgiving Ave. Port St. Lucie, FL 349	Ωlι	
CITY-ST-ZIP			4.4 City-St-ZiP	rore see nucle, th jay		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	•	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
Crty-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 of 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 or an attachment with an address.						

Aardsma