**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Feb 21, 1999 8:00 am**
**Secretary of State**
02-21-1999 90042 045 ****61.25

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DOCUMENT # **N96000006284**

1. Corporation Name

GRACE FELLOWSHIP BAPTIST CHURCH OF ST. LUCIE COU NTY, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10075 S FEDERAL HWY<br>BOX 130<br>PT ST LUCIE FL 34952 | 10075 S FEDERAL HWY<br>BOX 130<br>PT ST LUCIE FL 34952 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 10302 S.Federal Hwy.<br>Suite, Apt. #, etc.<br>22 Suite # 130<br>City & State<br>23 Port St. Lucie, Fl<br>Zip 24 34952-5605 Country 25 | 2a. Mailing Address<br>26 10302 S. Federal Hwy.<br>Suite, Apt. #, etc.<br>27 Suite # 130<br>City & State<br>28 Port St. Lucie, Fl<br>Zip 29 34952-5605 Country 30 | 3. Date Incorporated or Qualifed<br>12/09/1996<br>4. FEI Number<br>65-0660529 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JOHNSON, ARTHUR<br>1583 SW URBINO AVE<br>PT ST LUCIE FL 34953 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>AARDSMA, PHIL<br>2551 SE MARIUS ST<br>PT ST LUCIE FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DENNY, DAVID<br>1589 S.W. URBINO AVE.<br>PT ST LUCIE FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ALTWEIN, ROLF<br>420 SW FAIRWAY LANDING<br>PT ST LUCIE FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP | SD<br>Hester, Carl<br>2109 SE Triumph Rd.<br>Port St. Lucie, Fl. | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>Heiland, Rev. George H.<br>2513 SW Grotto Circle<br>Port St. Lucie, Fl. | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** Phil Aardsma **REQUIRED** Phil Aardsma (561-337-1126) 1/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #