SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001448

1. Corporation Name

GRACE INTERVENTION SERVICES, INC.

Principal Place of Business

Mailing Address

891 COPLY STREET. SE PALM BAY FL 32909 891 COPLY STREET, SE PALM BAY FL 32909

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90001 001 ****61.25

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2. Principal F	Place of Business 2a. Mailing Address					3	. Date Incorporated or C	Qualifed		
21	26						03/10/1997			
 ' '	ite, Apt. #, etc. Suite, Apt. #, etc.					4	. FEI Number		AF	plied For
22	27	·				<u>59-3434091</u>			t Applicable	
City & Star	City & State				5	. Certifcate of Status De	sired	\$8.75		
28									Fee Re	equired
Zip	Country	Zip	Country			6	. Election Campaign Fin	7	\$5.00	
24	[25]	 	30	_			Trust Fund Contribution	n	Added	to Fees
	9. Name and Address of Current	Registered Agent		81	Name	10	. Name and Address o	r New Registered	Agent	
				"	Manne					
HARTLEY, THOMAS N					82 Street Address (P.O. Box Number is Not Acceptable)					
430 JOHNSON AVE #101					83					
CAPE CANAVERAL FL 32920										
				84	City				85 Zip (Code
]	C ,			FL	_	2000
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the a	bove	-named o	corporatio	on submits this statement	for the purpose o	f changing its	registered
agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 617.0503, Flori	tnonzet da Stat	utes.	ne corpo	oralion's D	oard of directors, i heret	y accept the appo	intment as re	gisterea
SIGNATURE	C XVV MARE							7/2/9	9	
SIGNATIONE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature re	equired when	reinstating)	T DATE	<u>' ', , , , , , , , , , , , , , , , , , </u>	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12
ITLE	CD \	DELETE	1.1 TITLE						Change	☐ Addition
AME	WRIGHT, ERIC \tag{\tag{\tag{V}}}	RIGHT, ERIC 12		1.2 NAME		1				
TREET ADDRESS	1200 HILLTOP CT		1.3 STREET ADDRESS			 				
ITY-ST-ZIP	PALM BAY FL 32909			1.4 CITY-ST-ZIP		l				
TLE			2.1 TI	2.1 TITLE					Change	☐ Addition
AME	HARRIS, NATHANIEL		2.2 NAME		}	}				
TREET ADDRESS			2.3 STRE		TREET ADDRESS					
TY-ST-ZIP	PALM BAY FL 32907		2.4 CIT		Y-ST-ZIP			.~		
Π.E	S	☐ DELETE	3.1 TITLE					Change	Addition	
ME	MINER, DONNA		3.2 NAME							
REET ADDRESS	4884 ERIN LANE		3.3 STREET ADDRESS							
ry-st-zip	MELBOURNE FL 32940		3.4. CITY-ST-ZIP			i				
LE	T DELETE			4.1 TITLE			 		[] Change	Addition
ME i	PATTERSON, CRIS	4.2)]					
REET ADDRESS				-	ADDRESS					
Y-ST-ZIP	AUST COLUMN TO C			4.4 CITY-ST-ZIP			•			
LE .	D	DELETE 5.1 TI			<u></u>	,			Change	Addition
- I	KOENIG, WALTER								95	
EET ADDRESS	2583 S 414		5.3 ST	REET	ADDRESS					
7-ST-ZIP				5.4 CITY-ST-ZIP						
E E	TILLDO OTTILL DOTTILL OZDO			TITLE					Change	Addition
E (6.2 NA		ł					
1					DDDECC					
EET ADDRESS			1	-	ODRESS					}
-ST-ZIP	artify that the information growth & ith		6.4 C/I	Y-ST-	ZIP					

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 angual 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 of histee 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.

GNATURE:

SIGNATURE RESULTED NAME OF SIGNING OFFICER OR DIRECTOR

6 30 99

407-724-2780

Daytime Phone #

CR2F037 /5/99