


**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90099 032 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000002074**

1. Corporation Name

**PLACE OF GRACE COMMUNITY CHRISTIAN CHURCH, INC.**

437365 - 90048 - 28 \*

Principal Place of Business

9545 N. MITCHELLE DR.  
CITRUS SPRINGS FL 34434

Mailing Address

9545 N. MITCHELLE DR.  
CITRUS SPRINGS FL 34434

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3215240	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHEELER, GRANT L**  
**9545 N. MITCHELLE DR.**  
**CITRUS SPRINGS FL 34434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

35 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, GRANT L	1.2 NAME	
STREET ADDRESS	9545 N. MITCHELLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DOUG	2.2 NAME	
STREET ADDRESS	8223 N. SARAZEN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, FRANK	3.2 NAME	
STREET ADDRESS	10464 N. BURBANK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOMERSHINE, DICK	4.2 NAME	
STREET ADDRESS	8090 N. SARAZEN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, HASKELL	5.2 NAME	
STREET ADDRESS	3588 E. LAKE NINA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCOCY, BOB	6.2 NAME	
STREET ADDRESS	9470 N. CITRUS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-465-0536

CR2E037 (11/98)