NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

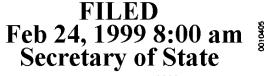
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800003971

1. Corporation Name

GRACE COMMUNITY CHURCH OF DEFUNIAK SPRINGS, INC.



02-24-1999 90100 036 ****61.25

Principal Place of Business	Mailing Address		
401 N. 5TH STREET	POST OFFICE BOX 1356	26	
DEFUNIAK SPRINGS FL 32433	DEFUNIAK SPRINGS FL 3243)	
2. Principal Place of Business	2a. Mailing Address	152 41	3. Date Incorporated or Qualifed
21 SAME	26 3418 Hyw	183N	07/07/1998
Suite, Apt. #; etc.	Suite, Apt. #, etc.		4. FEI Number Applied For Not Applied For Not Applied For
22	27		59 - 3549394 Not Applicable \$8.75 Additional
City & State	City & State 28 De Funiak S	osins FL	5. Certificate of Status Desired Fee Required
Zip Country	28 Detuniar 3	Country	
—, [—] ,	^{Zip} 32483 3	0 WA (+0 N	
24 25 25 Name and Address of	f Current Registered Agent	0,00411010	10. Name and Address of New Registered Agent
81 Name			
OUTS CO. THE			4me
BUTLER, TIM		82 Street Ac	dress (P.O. Box Number is Not Acceptable)
58 RASPBERRY TRAIL DEFUNIAK SPRINGS FL 32433		83	7.3
DEFUNIAN SPRINGS FL 32433			log 7m Code
		84 City	Funial Sor FL 85 32433
11. Pursuant to the provisions of Sections	617.0502 and 617.1508, Florida Statutes,	, the above-named co	progration 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			
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ппт.е D	☐ DELETE	1.1 TITLE	Chapman, Paula Detringe Addition
NAME CHAPMAN, PAULA		1.2 NAME	Chaptital 1
STREET ADDRESS 165 TOLEDO AVENUE		1.3 STREET ADDRESS	3927 Bob Sykes Rd
CITY-ST-ZIP DEFUNIAK SPRINGS FL		1.4 CITY-ST-ZiP	Defuniak Springs FL 82433
TITLE D	DELETE	2.1 TITLE	Murphy, Teveri Grange Addition
NAME MURPHY, TERRI		2.2 NAME	3/15 1 1 2 182 M
STREET ADDRESS 107 SMITH ROAD		2.3 STREET ADDRESS	3418 My 18310
CITY-ST-ZIP DEFUNIAK SPRINGS FL	32433	2. 4 CITY-ST-ZIP	Detunial Springs FL 32433
TITLE D	☐ DELETE	3.1 TITLE	Ghange ☐ Addition
NAME BUTLER, TIM		3.2 NAME	But let / 1100
STREET ADDRESS 58 RASPBERRY TRAIL		3.3 STREET ADORESS	Butler, Tim 94 Raspberry Care Delicition 1 2233
CITY-ST-ZIP DEFUNIAK SPRINGS FL		3.4. CITY-ST-ZIP	BETAIN CALL SPINIS : C 30135
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	<u> </u>
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Į.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	On the 440 07/9/9 Floride Statutes I further certify that the information

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report of 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 13 if changed/or on an attactiment with anyaddress, with all other like empowered.

SIGNATURE: