

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

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

0010405

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000003971

1. Corporation Name

GRACE COMMUNITY CHURCH OF DEFUNIAK SPRINGS, INC.

Principal Place of Business

401 N. 5TH STREET
DEFUNIAK SPRINGS FL 32433

Mailing Address

POST OFFICE BOX 1356
DEFUNIAK SPRINGS FL 32435



2. Principal Place of Business

21 **Same**

2a. Mailing Address

26 **3418 Hwy 183N**

3. Date Incorporated or Qualified

07/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3549396

Applied For

Not Applicable

City & State

City & State

Defuniak Springs, FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

32433

WA1ton

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

**BUTLER, TIM
58 RASPBERRY TRAIL
DEFUNIAK SPRINGS FL 32433**

81 Name **Same**

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

83

84 City

Defuniak Spr FL

85 Zip Code

32433

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** ☐ DELETE
NAME **CHAPMAN, PAULA**
STREET ADDRESS **105 TOLEDO AVENUE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

1.1 TITLE **Chapman, Paula** ☒ Change ☐ Addition
1.2 NAME **3927 Bob Sykes Rd**
1.3 STREET ADDRESS **Defuniak Springs FL 32433**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MURPHY, TERRI**
STREET ADDRESS **107 SMITH ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

2.1 TITLE **Murphy, Terri** ☒ Change ☐ Addition
2.2 NAME **3418 Hwy 183N**
2.3 STREET ADDRESS **Defuniak Springs FL 32433**
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BUTLER, TIM**
STREET ADDRESS **58 RASPBERRY TRAIL**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

3.1 TITLE **Butler, Tim** ☒ Change ☐ Addition
3.2 NAME **96 Raspberry Lane**
3.3 STREET ADDRESS **Defuniak Springs FL 32433**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED

1-11-99

850-892-9442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)