COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III. SECRETARY OF STATE SIXTY (60) DAY NOTICE AND ANNUAL REPORT SEPTEMBER 1, 1996

(2) FILING FEE:

4.00

RECORD NO:

0020255

(1) EXACT CORPORATE NAME:

GRACE UNITED CHURCH OF CHRIST	(3) STATE OR COUNTRY OF INCORPORATION:
(4) REGISTERED AGENT & REGISTERED OFFICE ADDRESS: LENORA REHFUSS 111 BRENT SPENCE SQ., APT. 1511	KY (5) PRINCIPAL OFFICE ADDRESS: 22 EDWARD AVENUE
COVINGTON, KY. 41011	FLORENCE, KENTUCKY 41042
(6) PLEASE MAIL A STATEMENT OF CHANGE FORM TO	(7) CCRRECTED PRINCIPAL OFFICE ADDRESS:
PLEASE TYPE OR PRINT THE NAMES AND BUSINESSES IF SOLE OFFICER PLE	
PRESIDENT	
VICE PRESIDENT	
SECRETARY	
TREASURER	
Each corporation shall have a board of directors, unless it is a profit busi	NESS ADDRESSES OF THE CORPORATION'S CURRENT DIRECTORS. These having fifty or fewer shareholders and it has dispensed with a board of 273.211 provides that the number of directors of a non-profit corporation may use the names and addresses of its board trustees.
BOARD OF DIRECTORS	
I VERIFY THAT INFORMATION IN 1'HIS ANNUAL REPORT IS CU	IRRENT AS OF THE DATE SHOWN BELOW:
AUTHORIZED SIGNATURE	TITLE DATE
PROFESSIONAL SERVICE CORPORATIONS ONLY: In addition to the annual report content requirement, there shall be include corporation and the president shall verify the following	ed a list of names and aduresses of all shareholders of said professional service
sucretary and treasurar of the professional service corporation t	arebolders, not less than one half directors, and all officers other than are duly qualified as provided in Chapter 274 and a copy of such annual nat licenses the shareholders described in this statement.
PRESIDENTS SIGNAT	T.IRE
NOTHE ABOVE NAMED CORPORATION IS PAST DUE IN FILING IT.	TICE S 1996 ANNUAL REPORT. IN ORDER TO AVOID

ADMINISTRATIVE DISSOLUTION (III REVOCATION OF CERTIFICATE OF AUTHORITY, THE ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE WITH SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE (ON OR BEFORE 4:30 P.M., 10/31/96) THE CORPORATION MAY COMPLETE THIS FORM AS ITS ANNINIAL REPORT.

W sharper have occurred to the registered and/or registered office address listed in #4. complete #8 and provide the address to which the form

If shanges have occurred to the registered agent and/or registered office address listed in #4, complete #6 and provide (he address to which the form is to be made on this report. If a change has occurred to the principal office address listed in #5, print the new principal office address in #7.

Mail the completed annual report and correct filing fee as indicated in#2 to:
"KHW Y. BROWN III, Secretary of State,P.O. Box 1150,Frankfort KY 40602-1150.
Make check payable to the Kentucky State Treasurer.Further information, please call (502)564-2848



SECRETARY OF STATE PO. BOX 1120 FRANKFORT, KY 40802-1150

U.S. POSTAGE PAID FIRST CLASS MAIL

PRESORTED

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