2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **709493** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name GRACE CHRISTIAN FELLOWSHIP OF PALM BEACH COUNTY. 04-10-2000 90019 046 ****61.25 Mailing Address Principal Place of Business 2930 LARK ROAD 2930 LARK ROAD WEST PALM BEACH FLA 33406-7646 WEST PALM BEACH FL 33406 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-6173320 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WALTON, EUGENE P. JR. 2651 BAHIA ROAD WEST PALM BEACH FL 33406 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Dalete TITLE TITLE NAME NAME WALTON, EUGENE P. JR. STREET ADDRESS STREET ADDRESS 2651 BAHIA RD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL 33406 Delete TITLE ☐ Change ☐ Addition D TITLE NAME NAME HERUM, BRAIN STREET ADDRESS STREET ADDRESS 3201 DREW WAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Change ☐ Addition TITLE _ 🖵 Delete_ TITLE NAME HOLLAND, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 2850 FOXHALL DR., E. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Change ☐ Addition TITLE ☐ Detete MILLER, DAVID A NAME NAME STREET ADDRESS STREET ADDRESS 5581 SARAZEN DR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL 33413 [] Change ☐ Addition ☐ Delete TITLE TITLE SLAUGHENHAUPT, JIM NAME NAME 2538 BAHIA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Addition ☐ Delete TITLE Change TITLE NAME CORLISS, WARREN G NAME STREET ADDRESS STREET ADDRESS 791 N. HAVERHILL RD. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 12. 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 report or supplemental 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 10 or Block 11 if

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

3/29/00

561-967-1969

Daytime Phone #