

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90091 010 ****61.25

DOCUMENT # 709493

1. Entity Name

GRACE CHRISTIAN FELLOWSHIP OF PALM BEACH COUNTY,

Principal Place of Business

**2930 LARK ROAD
W PALM BEACH FL 33406**

Mailing Address

**2930 LARK ROAD
W PALM BEACH FL 33406**

909439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6173320

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTON, EUGENE P. JR.
2651 BAHIA ROAD
WEST PALM BEACH FL 33406**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTON, EUGENE P. JR. 2651 BAHIA RD WEST PALM BCH FL 33406	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERUM, BRAIN 3201 DREW WAY WEST-PALM BEACH FL 33406	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, MICHAEL J 2850 FOXHALL DR., E. WEST PALM BEACH FL 33417	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, DAVID A 5581 SARAZEN DR WEST PALM BCH FL 33413	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHENHAUPT, JIM 2538 BAHIA RD. WEST PALM BEACH FL 33406	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLISS, WARREN G 791 N. HAVERHILL RD. WEST PALM BEACH FL 33415	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

561-967-1969

Daytime Phone #

CR2E037 (10/00)