

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90188 010 *****61.25

0035753

DOCUMENT # 709493

1. Entity Name

GRACE CHRISTIAN FELLOWSHIP OF PALM BEACH COUNTY, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6173320**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WALTON, EUGENE P. JR.**
STREET ADDRESS **2651 BAHIA RD**
CITY-ST-ZIP **WEST PALM BCH FL 33406**

TITLE **D** ☐ Change ☒ Addition
NAME **Cebollero Frank A**
STREET ADDRESS **16418 Orange Blvd.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **D** ☐ Delete
NAME **HERUM, BRIAN**
STREET ADDRESS **3201 DREW WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HOLLAND, MICHAEL J**
STREET ADDRESS **2850 FOXHALL DR., E.**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MILLER, DAVID A**
STREET ADDRESS **5581 SARAZEN DR**
CITY-ST-ZIP **WEST PALM BCH FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SLAUGHENHAUPT, JIM**
STREET ADDRESS **2538 BAHIA RD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORLISS, WARREN G**
STREET ADDRESS **1036 SALMON ISLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

4/14/03

561-967-1969

CR2E037 (10/02)