2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90045 043 ****61.25

DOCUMENT # N93000003810

1. Entity Name

GREATER GRACE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
2923 S. FEDERAL HWY 2.3.4.5. BOYNTON BEACH FL 33435 US	2923 S FEDERAL HWY #2.3.4.5. BOYNTON BEACH FL 33435 US

DO NOT WRITE IN THIS SPACE

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 65-0444993 ☐ Applied For ☐ Not Applicable

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
DANIEL, FOSTER ~~5926 ITHACA CIR WEST~~ ~~LAKE WORTH FL 33463~~	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 Daniel Foster

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~~	PD FOSTER, DANIEL ~~5926 ITHACA CIR WEST~~ ~~LAKE WORTH FL 33463~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4172 PINE HOLLOW CIRCLE GREENACRES, FL. 33463
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, TIMOTHY 5545 62ND AVE N. PINELLAS PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAVOIE, HANK 6566 N. MILITARY TRAIL, LOT 429 W. PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ~~STREET ADDRESS~~ / ~~CITY-ST-ZIP~~	ST BROWN, EDITH F ~~220 DAVIS RD~~ ~~PALM SPRINGS FL 33460~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Brown, Edith F. 2893 E Crosley Dr. W W.P.B. FL. 33415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDWIN, MOSES 5545 62ND AVE N. PINELLAS PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 3-28-01 (561) 585-6905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #