2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005908

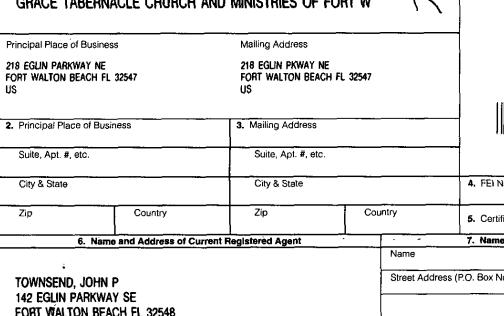
1. Entity Name



FILED Sep 05, 2000 8:00 am Secretary of State

09-05-2000 90043 034 ****61.25

GRACE	TABERNACLE	CHURCH	AND	MINISTRIES	OF	FORT W	!



DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3412131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 Zip Code City 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: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete ☐ Change MALHEIRO, DAVID NAME STREET ADDRESS STREET ADDRESS 305 NE YACHT CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Change ☐ Addition TiTi F N Delete TITLE PHILLIPS, ROBERT C NAME NAME 132 PAMELA ANN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Change Addition ☐ Delete TITLE TITLE PATRICK, LARRY B NAME NAME 221 YACHT CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PARKER, JAMES A NAME NAME STREET ADDRESS P.O. BOX 6150 N/A STREET ADDRESS CITY-ST-ZIP **NAVARREE FL 32566** CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE HOWELL, STAATS NAME STREET ADDRESS 640 NE POWELL DRIVE STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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

SIGNATURE: