2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # N9800004871 1. Entity Name GRACE FELLOWSHIP RECOVERY CHURCH INC. 08-03-2000 90039 008 ****75.00 Principal Place of Business Mailing Address 8068 S.E. COCONUT STREET 8068 S.E. COCONUT STREET HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0859934 Not Applicable Zip Zip Country Country \$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 Name Street Address (P.O. Box Number is Not Acceptable) MARTINEZ, PABLO L 8068 SE COCONUT ST HOBE SOUND FL 33455 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: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITI F MARTINEZ, PABLO L NAME NAME STREET ADDRESS **8068 SE COCONUT ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTINEZ, JENNY H NAME NAME STREET ADDRESS 8068 SE COCONUT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Change ☐ Addition TITLE □ Delete TITLE MARTINEZ, ROBERT F NAME NAME STREET ADDRESS 8011 ST HELEN TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOBE SOUND FL 33455** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t is true and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this regort as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report of the corporation or the receiver or trusted

SIGNATURE

I hereby certify that the information supplied: