

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90080 011 ****61.25

DOCUMENT # N99000003248

1. Entity Name
GRACE BIBLE FELLOWSHIP OF CITRUS COUNTY, INC.

Principal Place of Business Mailing Address
2780 N FLORIDA AVE #17 (US 41) **PO BOX 1323**
HERNANDO FL 34442 **HERNANDO FL 34442**

00007589



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3574892	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, EDWIN R 5910 W LEITH COURT CRYSTAL RIVER FL 34429			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 _____ 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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME CD JONES, EDWIN STREET ADDRESS 5910 W LEITH COURT CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	TITLE NAME D JONES, EDWIN STREET ADDRESS 5910 W. LEITH CT. CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD ROWSEY, CURTIS STREET ADDRESS 2500 S CARNEGIE DR CITY-ST-ZIP INVERNESS FL 34450	<input type="checkbox"/> Delete	TITLE NAME CD ROWSEY, CURTIS STREET ADDRESS 2500 S. CARNEGIE DR. CITY-ST-ZIP INVERNESS, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD DYER, MERRITT STREET ADDRESS 2971 E DAWSON DRIVE CITY-ST-ZIP INVERNESS FL 34451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD FRUM, MERLIN STREET ADDRESS 3017 E FOX CT CITY-ST-ZIP INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D GARDNER, DICK STREET ADDRESS 4011 S TOM AVE CITY-ST-ZIP INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE NAME VD GARDNER, DICK STREET ADDRESS 4011 S. TOM AVE. CITY-ST-ZIP INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D GARZA, WILLIAM STREET ADDRESS 6033 E LORING LANE CITY-ST-ZIP INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete	TITLE NAME D JOHNSON, JIM STREET ADDRESS 11506 SEMINOLE RD. CITY-ST-ZIP DUNNELLON, FL 34430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: EDWIN R. JONES 1-16-01 952-563-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

ATTACHMENT (BLOCK II)

Attachment Sheet

TITLE: D

NAME: EKKER, ROBERT

ADDRESS: 4016 E. LAKE PARK DR.

CITY-ST-ZIP: HERNANDO, FL 34442

#199800003248

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