

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90024 029 ****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)
 HERNANDO FL 34442**

**PO BOX 1323
 HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3574892

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

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	D	<input type="checkbox"/> Delete
NAME	JONES, EDWIN	
STREET ADDRESS	5910 W LEITH CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROWSEY, CURTIS	
STREET ADDRESS	2500 S CARNEGIE DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DYER, MERRITT	
STREET ADDRESS	2971 E DAWSON DRIVE	
CITY-ST-ZIP	INVERNESS FL 34451	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRUM, MERLIN	
STREET ADDRESS	3017 E FOX CT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JIM	
STREET ADDRESS	11506 SEMINOLE ROAD	
CITY-ST-ZIP	DUNNELLON FL 34430	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARDNER, DICK	
STREET ADDRESS	4011 S TOM AVENUE	
CITY-ST-ZIP	INVERNESS FL 34452	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN HILE	
STREET ADDRESS	8279 N. GIGNAC DR.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edwin Jones* **EDWIN JONES** 1/16/02 352-563-2101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)