

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771076

1. Entity Name

GRACE BAPTIST CHURCH OF BELLEVIEW, FLORIDA, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90002 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10835 SE 70TH AVE  
BELLEVIEW FL 32620

P.O. BOX 1329  
BELLEVIEW FL 34421-1329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2567245

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

MCGINNIS, REVEREND LEE  
2757 SE 160TH LANE  
SUMMERFIELD FL 34491

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 ☐ Delete  
NAME CD  
STREET ADDRESS MUNN, RAYMOND  
CITY-ST-ZIP 185 WATEROAK DR.  
LADY LAKE FL 32159

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS SADDOW, THOMAS  
CITY-ST-ZIP 9160 SE 140TH PL, P.O. BOX 279  
SUMMERFIELD FL 34491

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ERNEST RIESEN  
CITY-ST-ZIP 11835 SE 70TH AVE RD  
BELLEVIEW FL 34420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS PALMITER, KENNETH  
CITY-ST-ZIP 9701 SE CTY HWY 25  
BELLEVIEW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS SNYDER, RAYMOND  
CITY-ST-ZIP 12878 SE 55 AVE ROAD  
BELLEVIEW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS MCINTYRE, KENNETH  
CITY-ST-ZIP 10371 SE 172 LANE  
SUMMERFIELD FL 34491

TITLE ☐ Change ☐ 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:

*Ernest Riesen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00 352-347-7895

CR2E037 (9/99)