

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02320

1. Entity Name

GRACE CHRISTIAN CENTER, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90022 039 ****70.00

Principal Place of Business

3301 N 72ND AVE
HOLLYWOOD FL 33024
US

Mailing Address

15068 SW 10 ST
SUNRISE FL 33326-1945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2412635

Applied For

Not Applicable

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

RISI, RICHARD D.
15068 SW 10 ST.
SUNRISE FL 33326

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 | PD | <input type="checkbox"/> Delete |
| NAME | RISI, RICHARD D. | |
| STREET ADDRESS | 15068 SW 10 ST | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RISI, PATRICE L. | |
| STREET ADDRESS | 15068 SW 10 ST | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | RISI, ANTHONY J. | |
| STREET ADDRESS | 1116 NW 130TH TERRACE | |
| CITY-ST-ZIP | SUNRISE FL 33323 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POETSCHKE, MARY B. | |
| STREET ADDRESS | 18185 SW 3RD STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POETSCHKE, SHERRY | |
| STREET ADDRESS | 1591 NW 182ND TERRACE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AVELLO, DOMINIC | |
| STREET ADDRESS | 3910 SW 56TH CT | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33312 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. RISI, PRES

1/28/00

954-557-3301

Date

Daytime Phone #

CR2E037 (9/99)