

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90087 003 ****61.25

DOCUMENT # 771076

1. Entity Name

GRACE BAPTIST CHURCH OF BELLEVIEW, FLORIDA, INC.

Principal Place of Business

**10835 SE 70TH AVE
 BELLEVIEW FL 32620**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-2567245

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

**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 **ERNEST RIESEN, TREASURER**

2-1-01

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

TITLE **CD** ☐ Change ☒ Addition
 NAME **GIL PETRY**
 STREET ADDRESS **1900 SE 173 CT**
 CITY-ST-ZIP **SILVER SPRINGS, FL 34488**

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

TITLE **CD** ☐ Change ☒ Addition
 NAME **HERMAN PENLEY**
 STREET ADDRESS **6407 SE 108TH ST LOT 12**
 CITY-ST-ZIP **BELLEVIEW, FL 34420**

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

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

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

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

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

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

TITLE **CD** ☒ Delete
 NAME **MCINTYRE, KENNETH**
 STREET ADDRESS **10371 SE 172 LANE**
 CITY-ST-ZIP **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

2-1-01

352 347 7895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)