

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 703099**

1. Entity Name

**GRACE CHRISTIAN REFORMED CHURCH OF INDIAN HARBOU**

Principal Place of Business

**1202 BANANA RIVER DRIVE  
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**1202 BANANA RIVER DRIVE  
INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-2365263**

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

**KABBOORD, WILLIAM D  
640 CINNAMON COURT  
SATELLITE BEACH FL 32937**

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	KABBOORD, WILLIAM D	
STREET ADDRESS	640 CINNAMON COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	KABBOORD, WILLIAM D III	
STREET ADDRESS	45 DORSET LANE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAGADORN, HAROLD	
STREET ADDRESS	109 ALGONQUIN TERRACE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-13-01 (32) 783-2404**

Date

Daytime Phone #

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90074 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)