

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90107 004 ****61.25

DOCUMENT # 703099

1. Entity Name

**GRACE CHRISTIAN REFORMED CHURCH OF INDIAN HARBOUR
R BEACH, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KABBOORD, WILLIAM D	640 CINNAMON COURT	SATELLITE BEACH FL 32937				
STD	KABBOORD, WILLIAM D III	45 DORSET LANE	SATELLITE BEACH FL 32937				
VPD	AUDREY, OPHALT	3071 PURPLE MARTIN LANE	INDIALANTIC FL 32903				
	Kenneth S. McM	239 NE First Ct.	Satellite Beach, FL 32937				

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 RECEIVED

William Kabboord

1-14-03 (321) 777-0337

CR2E037 (10/02)