

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 707165**

1. Entity Name

GRACE COMMUNITY CHURCH OF FORT LAUDERDALE, INC.

Principal Place of Business

**7878 WILES ROAD
CORAL SPRINGS FL 33067**

Mailing Address

**7878 WILES ROAD
CORAL SPRINGS FL 33067**

2. Principal Place of Business

8054 West McNab Road

Suite, Apt. #, etc.

3. Mailing Address

8054 West McNab Road

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

City & State

North Lauderdale, FLZip
33068Country
U. S. A.Zip
33068Country
U. S. A.

4. FEI Number

59-0979154

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SADER, ROBERT L
1901 W. CYPRESS CREEK RD.
#415
FORT LAUDERDALE FL 33309**

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.

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
After September 12, 2001, min. will be \$236.25**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

TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOKS, DURWOOD	
STREET ADDRESS	4850 NW 10TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOYEN, JERALD	
STREET ADDRESS	840 NE 47TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	CD	<input type="checkbox"/> Delete
NAME	LECUYER, ROLAND	
STREET ADDRESS	16627 DEER PATH LANE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Nelson	
STREET ADDRESS	4820 North State Road 7	
CITY-ST-ZIP	Coconut Creek, FL 33073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**9-5-01 561-795-5005****FILED
Sep 10, 2001 8:00 am
Secretary of State**

09-10-2001 90058 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)