

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707165

1. Entity Name

GRACE COMMUNITY CHURCH OF FORT LAUDERDALE, INC.

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91190 027 \*\*\*\*61.25

80123972



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8054 WEST MCNAB ROAD  
NORTH LAUDERDALE FL 33068

8054 WEST MCNAB ROAD  
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0979154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 D ☐ Delete  
NAME BROOKS, DURWOOD  
STREET ADDRESS 4850 NW 10TH TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE D ☐ Delete  
NAME SCHOYEN, JERALD  
STREET ADDRESS 840 NE 47TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE D ☐ Delete  
NAME LECUYER, ROLAND  
STREET ADDRESS 16827 DEER PATH LANE  
CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE D ☐ Delete  
NAME NELSON, JOHN  
STREET ADDRESS 4820 NORTH STATE ROAD 7  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☒ Change ☐ Addition  
NAME Nelson, John  
STREET ADDRESS 7614 NW 72ND Way  
CITY-ST-ZIP Tamarac, FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 954-724-4425

Date

Daytime Phone #

CR2E037 (9/01)