

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707540

1. Entity Name

GRACE LUTHERAN CHURCH INC

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90041 050 ****61.25

Principal Place of Business

Mailing Address

1805 OAK ST
MELBOURNE BCH FL 32951

1805 OAK ST
MELBOURNE BCH FL 32951

001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1720736

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

MILLER, SCOTT
300 ALBACORE PL
MELBOURNE BEACH FL 32951

Name Dawn Jones

Street Address (P.O. Box Number is Not Acceptable)

297 Nikomas Way

City Melbourne Beach FL Zip Code 32951

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
NAME MILLER, SCOTT
STREET ADDRESS 300 ALBACORE PL
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☒ Delete

TITLE Dawn Jones, President
NAME
STREET ADDRESS 297 Nikomas Way
CITY-ST-ZIP Melbourne Beach, FL 32951 ☐ Change ☒ Addition

TITLE SD
NAME BALLARD, PAM
STREET ADDRESS 416 AVE A
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

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

TITLE D
NAME MONTGOMERY, MARK M
STREET ADDRESS 515 SUNSET BLVD.
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

MARK MONTGOMERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
Date

(321) 255-2775
Daytime Phone #

CR2E037 (10/00)