

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

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90075 009 \*\*\*\*61.25

0011786

**DOCUMENT # 712113**

1. Entity Name

**GRACE CHRISTIAN MINISTRIES, INC.**



Principal Place of Business

**1185 N. WYMORE RD.  
MAITLAND FL 32751**

Mailing Address

**1185 N. WYMORE RD.  
MAITLAND FL 32751**

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 **59-2124090**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEACOCK, JIM  
1185 N WYMORE RD  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

**Mark Berkland**  
Street Address (P.O. Box Number is Not Acceptable)  
**369 Banyan Drive**

City

**Maitland**

**FL**

Zip Code

**32751**

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

*Mark Berkland*

**Mark Berkland**

**June 22, 2003**

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

TITLE **D** ☐ Delete  
NAME **NEST, JOHN**  
STREET ADDRESS **235 LAKE SEMINARY CIRCLE**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Delete  
NAME **BUTLER, BEN**  
STREET ADDRESS **357 BANYAN DRIVE**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DT** ☐ Delete  
NAME **DRAGOMIR, WILLIAM**  
STREET ADDRESS **1020 SHEFLER AVE**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VDT** ☐ Delete  
NAME **BERKLAND, MARK**  
STREET ADDRESS **369 BANYON DR.**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **PMD** ☒ Delete  
NAME **PEACOCK, JIM**  
STREET ADDRESS **1185 N. WYMORE RD.**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **PMD Berkland, Mark**  
STREET ADDRESS **369 Banyan Drive**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☒ Addition  
NAME **Smith, Bill**  
STREET ADDRESS **1185 N. Wymore Rd**  
CITY-ST-ZIP **Maitland, Florida 32751**

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:

*William M. Dragomir*  
**William M. Dragomir**

**June 22, 2003**

**407-355-164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)