

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90454 007 \*\*\*\*70.00

**DOCUMENT # 718412**

1. Entity Name

**GRACE BIBLE BAPTIST CHURCH, INC.**

Principal Place of Business

**1703 W. LEWIS ROAD  
 POST OFFICE BOX 700NA  
 FRUITLAND PARK FL 34731  
 US**

Mailing Address

**LEWIS ROAD OFF HIGHWAY 468  
 PO BOX 700  
 FRUITLAND PARK FL 34731-0700**

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

**59-1584634**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULFORD, GEORGE A. I  
 1703 LEWIS RD  
 LEESBURG FL 34748**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULFORD, GEORGE A 111</b> <b>1703 LEWIS RD</b> <b>LEESBURG FL 34748</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRIGHURST, MONTY</b> <b>37835 HARRIS LAKE ROAD</b> <b>LADY LAKE FL 32159</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FRYMIER, JOHN</b> <b>2403 EL RANCHO DRIVE</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRIGHURST, MONTY</b> <b>37835 HARRIS LAKE RD</b> <b>LADY LAKE FL 32159</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MINNICK, PHIL</b> <b>36136 PINE TREE ST</b> <b>FRUITLAND PARK FL 34731</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRYMIER, JOHN</b> <b>2403 EL RANCHO DR</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>W. DALE WELCH</b> <b>2345 SOUTH ST. APT. 34</b> <b>LEESBURG, FL 34748</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STAN GAUSE</b> <b>33719 OVERTON</b> <b>LEESBURG, FL 34788</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RAY LEWIS</b> <b>507 LEWIS ST.</b> <b>FRUITLAND PARK, FL 34731</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE MORNEAU</b> <b>P.O. BOX 2181</b> <b>MINNEOLA, FL 34755</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD MERRIMAN</b> <b>#3 GOLF VIEW TRAIL</b> <b>WILDWOOD, FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 2, 2002* (352) 326-5738  
 Date Daytime Phone #

CR2E037 (9/01)