

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 733959

FILED  
Feb 17, 2003  
Secretary of State

**Entity Name:** GRACE COMMUNITY CHURCH OF NEW SMYRNA, INC.

**Current Principal Place of Business:**

1100 WEST 10TH STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 78  
NEW SMYRNA BEACH, FL 321700078 US

**New Mailing Address:**

**FEI Number:** 51-0188660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANCOCK, JIMMIE L  
1105 16TH STREET  
EDGEWATER, FL 32132 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/C ( ) Delete  
Name: BOND-NELSON, PETER  
Address: 204 SOUTH RIVERSIDE DRIVE, P.O. BOX 523  
City-St-Zip: EDGEWATER, FL 32132

Title: D/V C ( ) Delete  
Name: DIDAS, BETSY  
Address: 35 BOGEY CIRCLE -  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D/T ( ) Delete  
Name: WALLACE, PEGGY  
Address: 2718 YULE TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32170

Title: D/S ( ) Delete  
Name: MUENTENER, ELFRIEDE  
Address: 1702 EDGEWATER DRIVE  
City-St-Zip: EDGEWATER, FL 32132

Title: D ( ) Delete  
Name: ALTHAFER, GLENN  
Address: 1776 BAYVIEW DRIVE, P.O. BOX 252  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D ( ) Delete  
Name: BLINT, MARGURITE  
Address: 20 FORE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BOND-NELSON

D/C

02/17/2003

Electronic Signature of Signing Officer or Director

Date

D INGE BARRINGER  
1259 MILLS DRIVE  
NEW SMYRNA BEACH FL 32168