

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741019

1. Entity Name

CHURCH OF GRACE, INC.

Principal Place of Business

7075 SE C-25
P O BOX 1112
BELLEVUE FL 32620
US

Mailing Address

P O BOX 1112
BELLEVUE FL 32620
US

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 59-1794255

Applied For

Not Applicable

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

MCCULLOUGH, LAMAR
HIGHWAY 441 AND CANDLER ROAD
P O BOX 1112
BELLEVUE FL 32620

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

Rev. Lamar McCullough

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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
VD
MCCULLOUGH, DANIEL
6964 S. E-135 ST
SUMMERFIELD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LESCHAK, MICHAEL
RT 1
WEIRSDALE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCCULLOUGH, LAMAR
1 CANDLER RD & ALT 441
BELLEVUE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLIDAY, LES
6944 S.E. 135TH ST.
SUMMERFIELD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
McCullough, DANIEL
6964 S.E. 135 ST
Summerfield FL.
☒ Change ☐ Addition

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

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

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

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:

Rev. Lamar McCullough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90258 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)