


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-20-2005 90296 020 ****70.00

DOCUMENT # 741019			
1. Entry Name Church of Grace, Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7045 SE HWY C-25 Suite, Apt. #, etc.		3. Mailing Address PO Box 1112 Suite, Apt. #, etc.	
City & State: Belleview, FL		City & State: Belleview FL	
Zip 34421	Country USA	Zip 34421	Country USA
4. FEI Number 59-1794255		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Rex Lamar McCullough			
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1112			
City Belleview FL Zip Code 34420			
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 Rev. Lamar McCullough		DATE 4-13-05	
FEE IS \$81.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE President	NAME Rev. Lamar McCullough	TITLE	
STREET ADDRESS P.O. Box 1112	CITY-STATE-ZIP Belleview, Fla. 34421	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE Vice President	NAME Rev. Danny McCullough	TITLE	
STREET ADDRESS 6942 S.E. 135th St	CITY-STATE-ZIP Belleview Fla. 34421	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE Treasurer	NAME Les Holiday	TITLE	
STREET ADDRESS 6944 S.E. 135th	CITY-STATE-ZIP Belleview, Fla. 34421	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE Elder & Occ. Treasurer	NAME Rev. Jose Hernandez	TITLE	
STREET ADDRESS 10032 S.E. 155th St	CITY-STATE-ZIP Summerfield Fla. 34421	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE Elder & Director	NAME Bob Waite	TITLE	
STREET ADDRESS 3501 S Pine Ave #9	CITY-STATE-ZIP Nalga, Fla. 34471	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE Secretary	NAME Jim Robinson	TITLE	
STREET ADDRESS 1700 SE 179th St.	CITY-STATE-ZIP Summerfield, FL 34491	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(N), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Rev. Lamar McCullough		DATE 4-13-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E037B (12/02)