

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

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90044 035 \*\*\*\*61.25

**DOCUMENT # 741019**

1. Entity Name

**CHURCH OF GRACE, INC.**



Principal Place of Business

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

Mailing Address

P O BOX 1112  
BELLEVIEW 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**  
**BELLEVIEW 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **MCCULLOUGH, DANIEL**  
STREET ADDRESS **6964 S. E 135 ST**  
CITY-ST-ZIP **SUMMERFIELD FL**

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

TITLE **TD** ☐ Delete  
NAME **MCCULLOUGH, DANIEL**  
STREET ADDRESS **6964 S.E. 136 STREET**  
CITY-ST-ZIP **SUMMERFIELD FL**

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

TITLE **PD** ☐ Delete  
NAME **MCCULLOUGH, LAMAR**  
STREET ADDRESS **1 CANDLER RD & ALT 441**  
CITY-ST-ZIP **BELLEVIEW FL**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Prognatified by Bell*

5/10/03

CR2E037 (10/02)