

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 743029**

1. Entity Name

GRACE COMMUNITY CHURCH OF ORMOND BEACH, FLORIDA,

Principal Place of Business

1060 W. GRANADA BLVD.
ORMOND BEACH FL 32174
US

Mailing Address

1060 W. GRANADA BLVD.
ORMOND BEACH FL 32174
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

59-1905936

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteSD
HOWELL, EARL
52 BROOKWOOD DRIVE
ORMOND BEACH FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteD
ROBINSON, EVAN
105 BANYAN DR.
ORMOND BCH. FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteDP
OCEALIS, MICHAEL
1252 VANDERBILT DR
ORMOND BEACH FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

Michael Ocalis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/01

Daytime Phone #

(904) 673-0145

CR2E037 (10/00)

0008995

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90044 007 ****61.25



DO NOT WRITE IN THIS SPACE