## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 743029** 1. Entity Name GRACE COMMUNITY CHURCH OF ORMOND BEACH, FLORIDA, Principal Place of Business Mailing Address 1060 W. GRANADA BLVD. 1060 W. GRANADA BLVD. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174

## **FILED** Feb 07, 2002 8:00 am Secretary of State

02-07-2002 90071 002 \*\*\*\*61.25



| Surce, Apl. 4; etc.    Suite, Apl. 1; etc.   Co. NOT WRITE IN THIS SPACE  |   |                  |  |                            |                           | ļ  | f <b>ira</b> lii i <b>ra</b> li <b>a</b> i | ier jihi pene hala lah     |      | ALAIN ALDIL A              |                |           |  |
|---|---|------------------|--|----------------------------|---------------------------|--|--|----------------------------|------|----------------------------|----------------|-----------|--|
| City & State    City & State   Country   Zip   Country   S. Certificate of Status Desired   Se. 75 Additional   Sec. 75 A  | 2. Principal F  | Place of Busin   | ess                                    | 3. Mailing Address         | ailing Address            |  |  |                            |      |                            |                |           |  |
| Signature   Sign    | Suite, Apt. #, etc. S   |                  |  | Suite, Apt. #, etc.        | Suite, Apt. #, etc.       |  |  | DO NOT WRITE IN THIS SPACE |      |                            |                |           |  |
| Signature   Sign    | City & Stat   | te               |  | City & State               | ity & State               |  | 4. FEI Number 59-1905936                   |                            |      |                            |                | $\Box$    |  |
| 6. Name and Address of Current Registered Agent    Name     | Zip   |                  | Country                                | Zip                        | p Country                 |  | 5. Certificate of Status Desired S         |                            |      |                            | .75 Additional |           |  |
| OCEAUS, MICHAEL 1252 VANDERBILT DR ORMOND BEACH FL 32174  SIGNATURE  SIGNATURE  SYPHIAN NOW: FEE IS \$61.25  POPPORT OR STREET ADDRESS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OR OTY-S1-2P ORMOND BEACH FL OPPORTOR OF MACHINE AND DIRECTORS OTY-S1-2P ORMOND BEACH FL OPPORTOR OR OTY-S1-2P ORMOND BEACH FL OPPORTOR OR OTY-S1-2P ORMOND BEACH FL OTY-S1-2P OTT S1-2P OTT S1-2 |   |                  |  |                            |                           | Fee Required                                       |  |                            |      |                            |                |           |  |
| 252 VANDERBILT DR ORMOND BEACH FL 32174  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    Sprille NOW: FEE IS \$61.25   | 6. Name and Address of Current Registered Agent   |                  |  |                            |                           |  |  |                            |      |                            |                |           |  |
| ORMOND BEACH FL 32/74    City   FL   Zip Code   |   |                  |  |                            |                           | Street Address (P.O. Box Number is Not Acceptable) |  |                            |      |                            |                |           |  |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida.  SIGNATURE    Signature, bode or printed name of registered agent and little if applicable.   NOTE Registered Apart signature required when remaining   DATE   |   |                  | 10174                                  |                            |                           |  |  |                            |      |                            |                |           |  |
| SIGNATURE    Signature   Digneture   Section    | ORMOND  | DEMON FL (       | 2174                                   |                            | City                      |  |  |                            | FL   | Zip Co                     | de             | 7         |  |
| Signature, Typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when reneating)   DATE  | 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, Typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when reneating)   DATE  |   |                  |  |                            |                           |  |  |                            |      |                            |                |           |  |
| ### FILE NOW: FEE IS \$61.25  9. Election Campaign Financing  |   |                  |  |                            |                           |  |  |                            |      |                            |                |           |  |
| Trust Fund Contribution.   Added to Fees   Department of State    10.   |   | Signature, typed | or printed name of registered agent ar | d title if applicable. (NO | TE: Registered Agent sign | ature required v                                   | when reinstating)                          |                            | DATE |                            |                |           |  |
| TITLE  MAME  STREET ADDRESS  SORNOND BEACH FL  TITLE  NAME  ROBINSON, EVAN  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  TITLE  NAME  ROBINSON, EVAN  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  Addition  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  Change  Addition  ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  Change  Addition  ADDRESS  ADDRESS  ADDRESS  ADRESS  ADRESS  ADRESS  ADRESS  ADRESS   |   |                  |  |                            |                           |  |  |                            |      |                            |                |           |  |
| TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  TITLE  NAME  ROBINSON, EVAN  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  TITLE  NAME  ROBINSON, EVAN  STREET ADDRESS  CITY-ST-ZIP  OCEALIS, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  OCEALIS, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  OCEALIS, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  OCEALIS, MICHAEL  STREET ADDRESS  | 10. OFFICERS AND DIRECTORS  |                  |  |                            | 11                        | 11. ADDITIONS/CHANGES TO OFF                       |  |                            |      | FICERS AND DIRECTORS IN 10 |                |           |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE D CRMOND BEACH FL TITLE D CRMOND BCACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP NAME   | TITLE   | SD               | 0111021071122                          |                            |                           | T  | ·  | LO TO OFFICERO             |      |                            |                | <u>ار</u> |  |
| CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME ROBINSON, EVAN STREET ADDRESS CITY-ST-ZIP OCEALIS, MICHAEL STREET ADDRESS CITY-ST-ZIP OCEALIS, MICHAEL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D OCEALIS, MICHAEL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGES CITY-ST-ZIP C  | NAME  | HOWELL, E        | ARL                                    | _ *****                    | NAME                      |  |  |                            |      |                            |                | 13        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BCH. FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BCH. FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CHANGE Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CI  |   |                  |  |                            | STREET ADDRESS            | 1 _  |  |                            |      |                            |                |           |  |
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| CITY-ST-ZIP ORMOND BCH. FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP OCEALIS, MICHAEL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  |   |                  |  |                            |                           |  |  |                            |      |                            |                |           |  |
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|   |   |                  |  |                            |                           |  |  |                            |      |                            |                | }         |  |
|   | CITY-ST-ZIP   |                  |  |                            | 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:**