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

FILED
Jul 15, 2003 8:00 am
Secretary of State
06-17-2003 90025 033 ****70.00

DOCUMENT # 747439

1. Entity Name: Grace Reformed Church, Inc.

DO NOT WRITE IN THIS SPACE

55051356

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2255 Nebraska Ave.	1725 Nebraska Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683 Country: U.S.A.	Zip: 34683 Country: U.S.A.

4. FEI Number: 59-2450543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Steven J. Watson

Street Address (P.O. Box Number is Not Acceptable): 1725 Nebraska Avenue

City: Palm Harbor FL Zip Code: 34683

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: Steven J. Watson Steven J. Watson 6-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	P
NAME	Steven J. Watson
STREET ADDRESS	1725 Nebraska Ave.
CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	VP
NAME	Scott Simpson T
STREET ADDRESS	1503 Lennox Road East
CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	Treas.
NAME	Grace Birkett T
STREET ADDRESS	9208 Grand Blanc Dr.
CITY-ST-ZIP	Seminole, FL 33777
TITLE	~~VP~~
NAME	~~Jean Lewis T~~
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP
NAME	Margaret Lewis T
STREET ADDRESS	29250 U.S. 19N.; Doral Village #184
CITY-ST-ZIP	Clearwater, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Watson Steven J. Watson 6-11-03 (727) 785-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #