

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90055 038 ****61.25

DOCUMENT # 749636

1. Entity Name

GREATER GRACE CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

**7400 62ND TERR N
PINELLAS PARK FL 33781**

**7400 62ND TERR N
PINELLAS PARK FL 33781**

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

59-2086161

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

**SMITH, DENNIS M
5948 MCKEE LAKE DR N
SAINT PETERSBURG FL 33709**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **KELLEY, TIMOTHY**
STREET ADDRESS **7400 62ND TERR NO**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **LISA A SMITH**
STREET ADDRESS **5948 MCKEE LAKE DR. N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE **SECRETARY** ☐ Delete
NAME **STEIN, BARBARA**
STREET ADDRESS **6932 STONES THROW CIRCLE**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **VP** ☐ Delete
NAME **CHASE, JAMES A**
STREET ADDRESS **4601 17TH AVE NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

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

TITLE **TD** ☐ Delete
NAME **MCFARLAND, CHRIS**
STREET ADDRESS **7400 62ND TERR NO**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

TITLE **TD** ☐ Delete
NAME **WILLIAMS, TED**
STREET ADDRESS **7767 BENTGRASS CT**
CITY-ST-ZIP **LARGO FL 33777**

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

TITLE **TD** ☐ Delete
NAME **BROOKS, STEVEN M**
STREET ADDRESS **8035 65TH WAY N**
CITY-ST-ZIP **PINELLAS PARK FL**

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

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)