

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90026 043 \*\*\*\*61.25

**DOCUMENT # 750509**

1. Entity Name

**GRACE BAPTIST CHURCH OF LAKE LAND, INC.**

Principal Place of Business

Mailing Address

4626 PIPKIN ROAD  
 LAKE LAND FL 33811

P O BOX 6452  
 LAKE LAND FL 33807-6452

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

**59-1819075**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, JR., RAYMOND B DR.**  
**4626 PIPKIN ROAD**  
**LAKE LAND FL**

Name

**Rudd, Samuel**

Street Address (P.O. Box Number is Not Acceptable)

**4626 Pipkin Road**

City

**Lakeland,**

**FL**

Zip Code

**33811**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JR, RAYMOND B DR.	
STREET ADDRESS	4610 PIPKIN ROAD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLEVINS, KENNETH	
STREET ADDRESS	P O BOX 91753 N/A	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COX, VIRGIL	
STREET ADDRESS	3509 DUFF RD	
CITY-ST-ZIP	LKLD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCNABB, LEDLEY D	
STREET ADDRESS	3902 W. SAM ALLEN RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudd, Samuel	
STREET ADDRESS	3410 Willis Road	
CITY-ST-ZIP	Mulberry, Fl 33860	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hylton, Ray	
STREET ADDRESS	1040 Waters Edge Dr	
CITY-ST-ZIP	Lakeland, Fl 33801	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grant, Michael	
STREET ADDRESS	6734 Forestview Ln	
CITY-ST-ZIP	Lakeland, Fl 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-00

Date

425-3299

Daytime Phone #

CRCE037 (9/99)