

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752024

1. Entity Name

GRACE NEW COVENANT MINISTRIES, INC.

Principal Place of Business

3101 S. KINGSWAY RD.  
SEFFNER FL 33584  
US

Mailing Address

PO BOX 635  
SEFFNER FL 33584  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2916503

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, REV. VICTOR  
716 W PLYMOUTH STREET  
TAMPA FL 33607

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	P - T	<input type="checkbox"/> Delete
NAME	GONZALEZ, REV. ELVIN	
STREET ADDRESS	2103 LUMSDEN RD.	
CITY-ST-ZIP	VALRICO FL	
TITLE	VP - T	<input type="checkbox"/> Delete
NAME	CRUZ, REV. VICTOR	
STREET ADDRESS	716 W. PLYMOUTH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S - D	<input type="checkbox"/> Delete
NAME	AGUILA, AIDA	
STREET ADDRESS	1801 CITRUS ORCHARD	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERMUDEZ, ABRAHAM	
STREET ADDRESS	512 INNERGARY PL	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVA, BERNALDO	
STREET ADDRESS	104 GOLDENWOOD AVE.	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, YOLANDA	
STREET ADDRESS	841 GREENBELT CIR	
CITY-ST-ZIP	BRANDON FL 33510	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D - T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Gonzalez	
STREET ADDRESS	724 Kensington Lake Circle	
CITY-ST-ZIP	Brandon, Fla. 33511	
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 AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 30, 2002 8:00 am  
Secretary of State

05-05-2002 90258 001 \*\*\*140.00



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)