

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 24, 2001 08:00 AM****Secretary of State****DOCUMENT # 755227**1. Entity Name
GRACE BAPTIST CHURCH OF CLEARWATER, INC.

Principal Place of Business 2787 SUNSET POINT ROAD CLEARWATER FL 33759	Mailing Address 2787 SUNSET POINT ROAD CLEARWATER FL 34619
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2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1847593	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JANKOWSKI KENNETH E 2971 ESTANCIA BLVD #419 CLEARWATER FL 34761		7. Name and Address of New Registered Agent Name JANKOWSKI KENNETH E Street Address (P.O. Box Number is Not Acceptable) 1961 BYRAM CIRCLE City CLEARWATER FL Zip Code 33755	
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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 _____ 08/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCUE ELEANOR J 2427 FINLANDIA LANE APT 53 CLEARWATER FL 33763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINSON SAM 1824 CARDINAL DR N CLEARWATER FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILEY IVAN 110 IRWIN ST SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON LEE 2021 SHANGRILA DR CLEARWATER FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKOWSKI KENNETH REV 2971 ESTANCIA BLVD #419 CLEARWATER FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKOWSKI KENNETH REV 1961 BYRAM CIRCLE CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lee Thompson VD 08/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)