

2002 UNIFORM BUSINESS REPORT (UBR)

0013138

DOCUMENT # 755227

1. Entity Name

GRACE BAPTIST CHURCH OF CLEARWATER, INC.

FILED

02 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

278 1/2 SUNSET POINT ROAD
CLEARWATER FL 33759

Mailing Address

2787 SUNSET POINT ROAD
CLEARWATER FL 34619

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

59-1847593

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

JANKOWSKI, KENNETH E
1961 BYRAM CIRCLE
CLEARWATER FL 33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 D ☐ Delete
NAME JANKOWSKI, KENNETH REV
STREET ADDRESS 1961 BYRAM CIRCLE
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE VD ☒ Delete
NAME THOMPSON, LEE
STREET ADDRESS 2021 SHANGRILA DR
CITY-ST-ZIP CLEARWATER FL 33763

TITLE VD ☐ Change ☒ Addition
NAME Charles Lamp
STREET ADDRESS 3023 W. Napoleon Av.
CITY-ST-ZIP Tampa, FL 33611

TITLE T ☒ Delete
NAME VINSON, SAM
STREET ADDRESS 1824 CARDINAL DR N
CITY-ST-ZIP CLEARWATER FL 33759

TITLE T ☐ Change ☒ Addition
NAME Daniel E Simons
STREET ADDRESS P.O. Box 2362
CITY-ST-ZIP Pinellas Park, FL 33780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

11-03-02 727-791-2797

CR2E037 (4/02)