2003 NOT-FOR-PROFIT CORPORATION

Feb 26, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State DOCUMENT # 755227 1. Entity Name 02-26-2003 90165 024 ****70.00 GRACE BAPTIST CHURCH OF CLEARWATER, INC. Principal Place of Business Mailing Address 2787 SUNSET POINT ROAD 2787 SUNSET POINT ROAD CLEARWATER FL 33759 CLEARWATER FL 34619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1847593 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jankowski, Kenneth E Street Address (P.O. Box Number is Not Acceptable) 1961 BYRAM CIRCLE **CLEARWATER FL 33755** 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 9. Election Campaign Financing A FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Jankowski, Kenneth Rev NAME STREET ADDRESS 1961 BYRAM CIRCLE STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33755** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAMP, CHARLES NAME STREET ADDRESS 3023 W NAPOLEON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Delete TITLE Change ☐ Addition SIMONS, DANIEL E NAME STREET ADDRESS PO BOX 2362

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 embowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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PINELLAS PARK FL 33780

2-23-03

727-443-1522

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