

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755337

1. Entity Name

SEBRING GRACE BRETHREN CHURCH, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90058 002 ****61.25

Principal Place of Business
3626 THUNDERBOLD ROAD
SEBRING FL 33872

Mailing Address
3626 THUNDERBOLD ROAD P.O. Box 3476
SEBRING FL 33872
Sebring FL 33871-3476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number 59-2229674
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOBBS, BRIAN
107 KAROLA DRIVE
SEBRING FL 33870

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

TITLE	D	OGDEN, DAVID	☐ Delete
NAME		209 IBIS AVE	
STREET ADDRESS		SEBRING FL 33872	
CITY-ST-ZIP			
TITLE	D	ANDERSON, WENDELL D	☐ Delete
NAME		15 NORTE DAME ST	
STREET ADDRESS		LAKE PLACID FL	
CITY-ST-ZIP			
TITLE	T	HOBBS, BRIAN	☐ Delete
NAME		107 KAROLA DRIVE	
STREET ADDRESS		SEBRING FL 33870	
CITY-ST-ZIP			
TITLE	D	GOOD, MARVIN	☒ Delete
NAME		2402 HIDDEN CREEK CIR	
STREET ADDRESS		SEBRING FL	
CITY-ST-ZIP			
TITLE	S	WARD, HOLLY REBECCA	☒ Delete
NAME		2125 S.E. LAKEVIEW DR. APT. 18	
STREET ADDRESS		SEBRING FL 33870	
CITY-ST-ZIP			
TITLE	D	TAYLOR, JOE	☒ Delete
NAME		2412 HIDDEN CREEK CIR	
STREET ADDRESS		SEBRING FL 33870	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☒ Addition
NAME		Eshelman, Kirk	
STREET ADDRESS		336 Pelican Ave	
CITY-ST-ZIP		Sebring, FL 33872	
TITLE			☐ Change ☒ Addition
NAME		Byng, Anita	
STREET ADDRESS		3208 Bently Ave	
CITY-ST-ZIP		Sebring, FL 33872	
TITLE			☐ Change ☒ Addition
NAME		Ritenour, Dewayne	
STREET ADDRESS		1112 Sunset Dr	
CITY-ST-ZIP		Sebring, FL 33870-1555	

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: B. M. TAYLOR REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8/19/00 Daytime Phone #: 963-385-3111

CR2E037 (5/00)