

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2002 8:00 am**
Secretary of State

02-01-2002 90047 014 ****61.25

DOCUMENT # 759854

1. Entity Name

GRACE ACADEMY, INC.

Principal Place of Business

**1060A WEST GRANADA BLVD.
% GRACE BRETHEN CHURCH
ORMOND BCH FL 32174-5911**

Mailing Address

**1060A WEST GRANADA BLVD.
% GRACE BRETHEN CHURCH
ORMOND BCH FL 32174-5911**

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

59-2226924

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MUDREY, JAMES E
3 CIRCLE OAKS TRAIL
ORMOND BEACH FL 32074**

7. Name and Address of New Registered Agent

Name

James E. Mudrey

Street Address (P.O. Box Number is Not Acceptable)

1060A West Granada Blvd

City

Ormond Beach**FL**Zip Code
32074

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 \$61.259. 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 **PD** ☐ Delete
NAME **MUDREY, JAMES E**
STREET ADDRESS **3 CIRCLE OAKS TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**TITLE **STD** ☐ Delete
NAME **MUDREY, JUDITH A**
STREET ADDRESS **3 CIRCLE OAKS TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**TITLE **PAST** ☐ Delete
NAME **OCEALIS, MICHAEL**
STREET ADDRESS **1060A WEST GRANADE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Mudrey

Date

1/16/02

Daytime Phone #

(386) 673-5666

CP2E037 (9/01)