

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760204

1. Entity Name

GRACE CHURCH OF THE FIRST BORN OF MIAMI, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90029 022 ****70.00

Principal Place of Business 14900 N.E. 16 AVE. P.O. BOX 640353 N. MIAMI BEACH FL 33181 US	Mailing Address P.O. BOX 640353 N. MIAMI FL 33164-0353 US
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DO NOT WRITE IN THIS SPACE

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 59-2147290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERKELL & BERKELL-RAFFERTY, P.A.
16100 N.E. 16TH AVENUE
NORTH MIAMI BEACH FL 33162

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	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

TITLE	DC	<input type="checkbox"/> Delete
NAME	HAFENDEN, CLINTON E.	
STREET ADDRESS	911 NW 200 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, SIGISMOND C.	
STREET ADDRESS	7836 JUNIPER STR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOFFENDEN, GARY A	
STREET ADDRESS	911 NW 200 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPAULDING, RUPERT H.	
STREET ADDRESS	180 N.E. 164TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEMMINGS, GLORIA	
STREET ADDRESS	20035 NW 12 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, ROLYN P	
STREET ADDRESS	4321 NW 12 ST.	
CITY-ST-ZIP	LAUDERHILL FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rupert Spaulding **RUPERT SPAULDING** 3/13/2000 305-947-1963

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)