

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90259 012 ****61.25

DOCUMENT # 760204

1. Entity Name

GRACE CHURCH OF THE FIRST BORN OF MIAMI, INC.

Principal Place of Business

Mailing Address

14900 N.E. 16 AVE.
 P.O. BOX 640359
 N. MIAMI BEACH FL 33181
 US

P.O. BOX 640353
 N. MIAMI FL 33164
 US

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

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	DC	<input checked="" type="checkbox"/> Delete
NAME	HOFFENDEN, CLINTON E	
STREET ADDRESS	911 NW 200 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, SIGISMOND C.	
STREET ADDRESS	7836 JUNIPER STR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input checked="" 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	

TITLE	PRESIDENT CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY A. HOFFENDEN	
STREET ADDRESS	911 NW 200 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER MC KENZIE	
STREET ADDRESS	4000 N.W. 195 ST	
CITY-ST-ZIP	MIAMI FLA.	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES FENDERSON	
STREET ADDRESS	5934 NW 19 CT	
CITY-ST-ZIP	LAUDER HILLS FLA.	
TITLE	ADVISOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINTON E. HOFFENDEN	
STREET ADDRESS	911 NW 200 ST	
CITY-ST-ZIP	MIAMI FLA.	

CR2E037 (9/01)

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 H. Spaulding **RUPERT H. SPAULDING** 4/21/02 (305-807-3216)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #