


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 019 ****61.25

DOCUMENT # **760204**

1. Entity Name
**GRACE CHURCH of THE FIRST BORN
of miami INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14900 NE 16 AVE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 640353
Suite, Apt. #, etc.

City & State
North Miami FLA

City & State
North Miami FLA

Zip
33181

Country
USA

Zip
33164

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2147290

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BERKELL + BERKELL-RATTERTY, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
16100 NE 16th Ave

City **North Miami BEACH** FL Zip Code **33162**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY A. HOFFMANN 911 NW 200 ST MIAMI FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUTHER McKENZIE 4000 NW 195 ST MIAMI FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUPERT H. SPAULDING 180 NE 16th St MIAMI FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLORIA HEMMING 20035 NW 12 PLACE MI. FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLYN PALMER P. 4321 NW 12 ST LAUDERHILL FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES FENDERSON 5934 NW 19 CT LAUDERHILL FLA

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **RUPERT H. SPAULDING** (Rupert H. Spaulding) 4/25/03 (305-807-3216)

CR2E037B (12/02)