

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762392

1. Entity Name

GRACE COMMUNITY CHURCH OF THE CHRISTIAN AND MISS

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90005 017 ****61.25

Principal Place of Business

1446-C SW 25TH AVENUE
BOYNTON BEACH FL 33426
US

Mailing Address

1446-C SW 25TH AVENUE
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0910355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GREGORY A REV
1446-C SW 25 AVE
BOYNTON BEACH FL 33426

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

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
After September 12, 2001, 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 PPD
NAME SHORE, BRIAN REV ☐ Delete
STREET ADDRESS 4563 CONCORDIA LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE TD
NAME BROWN, GREGORY A REV ☐ Delete
STREET ADDRESS 1446C SW 25TH AVE
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE D
NAME O'FARROU, TEDDY REV ☐ Delete
STREET ADDRESS 6268 WINDLASS CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D
NAME SENIKOFF, EDITH ☐ Delete
STREET ADDRESS 4588 FRANCES DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 O'FARRELL, TEDDY REV.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

CR2E037 (5/01)