

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764196

1. Entity Name

GRACE PRESBYTERIAN CHURCH OF MADISON, INC.

Principal Place of Business

1200 N. WAS RINGTON ST.
MADISON FL 32340
US

Mailing Address

P.O. BOX 76
MADISON FL 32340
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ASHLEY, J.G., III
102 SE PRIEST ST
FARM CREDIT OF NWF ACA
MADISON FL 32340

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

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 NAME STREET ADDRESS CITY-ST-ZIP	TD ASHLEY, J.G. III P.O. BOX 801 N/A MADISON, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, ROGER DR 317 NE DUVAL ST MADISON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REICHMANN, KIRBY J. 503 N RANGE ST MADISON, FL 00000	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD A. L. HUGHES 306 CANTEY DR. MADISON, FL. 32340	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

3/5/01

880-973-6223

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90334 006 ****61.25