## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the recei

SIGNATURE:

## **FILED DOCUMENT # 764196** Feb 24, 2002 8:00 am Secretary of State 1. Entity Name GRACE PRESBYTERIAN CHURCH OF MADISON, INC. 02-24-2002 90020 027 \*\*\*\*61.25 Mailing Address Principal Place of Business 1200 N. WAS RINGTON ST. P.O. BOX 76 MADISON FL 32340 MADISON-FL 32340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-6558963 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- 6.-Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ASHLEY, J.G., III 102 SE PRIEST ST FARM CREDIT OF NWF ACA Zip Code MADISON FL 32340 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <u>†</u> 10. OFFICERS AND DIRECTORS 11. CR2E037 (9/01) ☐ Addition TITLE Change ☐ Delete TITLE ASHLEY, J.G. III NAME NAME P.O. BOX 801 N/A STREET ADDRESS STREET ADDRESS MADISON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP XX Change ☐ Addition TITLE **Delete** TITLE GIBSON, ROGER DR HOLLINGWORTH, RICHARD B. NAME NAME P.O. BOX 73 317 NE DUVAL ST STREET ADDRESS STREET ADDRESS PINETTA, FL. 32350 MAIDSON FL CITY-ST-ZIP CITY-ST-ZIP SD (X) Change ☐ Addition TITLE XX Delete TITLE SD HUGHES, A L COMER, C. M. 906 N. HORRY ST. NAME NAME 306 CANTEY DRIVE STREET ADDRESS STREET ADDRESS MADISON, FL. 32340 MADISON FL 32340 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive or trustage empowered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if