

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90044 031 ****70.00

DOCUMENT # 769378

1. Entity Name

THE GRACE BRETHREN CHURCH OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

6410 LUNN ROAD (33811)
 LAKE LAND FL 33811

6410 LUNN ROAD (33811)
 LAKE LAND FL 33811

16684



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GERBER, FREDERICK
4029 WELLINGTON DR.
LAKE LAND FL 33811

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 **TD** Delete
 NAME **GERBER, FREDERICK**
 STREET ADDRESS **4029 WELLINGTON DR.**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GRUBBS, SHERRILL**
 STREET ADDRESS **1018 S TOWER LANE**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, BILL**
 STREET ADDRESS **4844 LEISURE WOOD LANE**
 CITY-ST-ZIP **LAKE LAND FL 33811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KARNES, JEFF**
 STREET ADDRESS **3906 COUNTRY BLVD. EAST**
 CITY-ST-ZIP **LAKE LAND FL 33811**

TITLE **D** Change Addition
 NAME **KARNES, JEFF**
 STREET ADDRESS **3906 COUNTRY BLVD. EAST**
 CITY-ST-ZIP **LAKE LAND, FL 33811**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **COFFIN, WENDELL**
 STREET ADDRESS **2813 JENNIFER DRIVE**
 CITY-ST-ZIP **LAKE LAND, FL 33810**

TITLE Delete
 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: **FREDERICK GERBER** *Fredrick Gerber* **1-13-02** **863-665-6115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC07 (9/01)