

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769950

1. Entity Name

GRACE PRESBYTERIAN CHURCH OF SAN CARLOS PARK, FO ✓

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90005 004 \*\*\*\*61.25

Principal Place of Business

7470 HICKORY RD., SE  
FORT MYERS FL 33912

Mailing Address

7470 HICKORY RD., SE  
FORT MYERS FL 33912

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

65-0343105

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

AICHINGER, FRANK  
9040 HARVESTWOOD COURT  
ESTERO FL 33928

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

FRANK AICHINGER

7/25/00

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ANDERSON, KATHRYN  
STREET ADDRESS 10704 BAHIA TERRADO CIR.  
CITY-ST-ZIP ESTERO FL 33928

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

TITLE VD ☒ Delete  
NAME JOHNSON, LARRY  
STREET ADDRESS 17524 LAUREL VALLEY RD  
CITY-ST-ZIP FT MYERS FL

TITLE Secretary ☐ Change ☒ Addition  
NAME Marta Crutcher  
STREET ADDRESS 7376 Constitution Cir  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE SD ☒ Delete  
NAME BROCK, ELAINE  
STREET ADDRESS 17260 LEE RD  
CITY-ST-ZIP FT MYERS FL 33912

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

TITLE D ☐ Delete  
NAME SHEEHAN, WILLIAM  
STREET ADDRESS 8248 SAN CARLOS BLVD SE  
CITY-ST-ZIP FT MYERS FL 33912

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

TITLE DT ☐ Delete  
NAME SKINNER, MARY GAYLE  
STREET ADDRESS 17745 INDIAN ISLAND CT  
CITY-ST-ZIP FORT MYERS FL 33903

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

TITLE VP ☐ Delete  
NAME CHRISTMAN, TEX  
STREET ADDRESS 22770 S. TAMiami TrL #109  
CITY-ST-ZIP ESTERO FL 33928

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

*Kathy Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY ANDERSON

Date

941-498-6229

Daytime Phone #

CR2E037 (5/00)