

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90176 049 \*\*\*\*61.25

**DOCUMENT # 769950**

1. Entity Name

**GRACE PRESBYTERIAN CHURCH OF SAN CARLOS PARK, FO  
RT MYERS, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**7470 HICKORY RD., SE  
FORT MYERS FL 33912**

**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

4. FEI Number

**65-0343105**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AICHER, 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

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

TITLE **PD** ☐ Change ☒ Addition  
NAME **Jim SEE**  
STREET ADDRESS **6092 PLUMOSA AVE**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **DS** ☒ Delete  
NAME **CRUTCHER, MARTA**  
STREET ADDRESS **7376 CONSTITUTION CIRCLE**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VP** ☐ Change ☒ Addition  
NAME **SAM MARRS**  
STREET ADDRESS **9880 TREASURE CAY LN**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DT** ☒ Delete  
NAME **SCHWEMMER, BRIAN**  
STREET ADDRESS **6777 WILLOW LAKE CIRCLE**  
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **DS** ☐ Change ☒ Addition  
NAME **CATY SHEGHAN**  
STREET ADDRESS **8248 SAN CARLOS BLVD**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

TITLE **DT** ☐ Change ☒ Addition  
NAME **JILL CHRISTMAN**  
STREET ADDRESS **24124 STILLWELL PKWY**  
CITY-ST-ZIP **BONITA SPRINGS, FL 339 34135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK AICHER** **4/1/02** **941 - 267-3331**

Date

Daytime Phone #

CR2E037 (9/01)