

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91199 015 *****61.25

DOCUMENT # 769950

1. Entity Name

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



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SEE, JIM**
STREET ADDRESS **6092 PLUMOSA AVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **PD** ☒ Change ☐ Addition
NAME **Marrs, Sam**
STREET ADDRESS **9880 Treasure Cay Ln.**
CITY-ST-ZIP **Bonita Springs, FL 34135**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **Scott Robertson**
STREET ADDRESS **18151 Old Dominion Ct.**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE **DS** ☒ Delete
NAME **SHEEHAN, CATHY**
STREET ADDRESS **8248 SAM CARLOS BLVD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **DS** ☐ Change ☒ Addition
NAME **Carol Fox**
STREET ADDRESS **18136 Hilda Dr.**
CITY-ST-ZIP **Fort Myers, FL 33912**

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

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

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

CR2E037 (10/02)