

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Mar 07, 2001 8:00 am  
Secretary of State

01-26-2001 90103 031 \*\*\*\*61.25

DOCUMENT # N00000003519

1. Entity Name

GRACE COMMUNITY CHURCH OF CLERMONT, INC.

Principal Place of Business

10719 LAKE RALPH DRIVE  
CLERMONT FL 34711

Mailing Address

P O BOX 120339  
CLERMONT FL 34712-0339

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

59-3654964

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

FARLEY, DONALD E  
10719 LAKE RALPH DRIVE  
CLERMONT FL 34711

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BT DONALD E. FARLEY
STREET ADDRESS	10719 LAKE RALPH DR.
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T-BT HERBERT R SMETHERS
STREET ADDRESS	1101 LANGFORD WAY
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BETTY L. SMETHERS
STREET ADDRESS	1101 LANGFORD WAY
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BT LOREN READ
STREET ADDRESS	212 HIOAWAY COURT
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CHESTER HIRSCHY
STREET ADDRESS	P.O BOX 120328
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DONALD E. FARLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15 2001

Date

352-242-5186

Daytime Phone #

CR2E037 (10/00)