

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90022 042 ****70.00

DOCUMENT # NO1000001857

1. Entity Name

ABUNDANT GRACE CHRISTIAN CENTER INC.

Principal Place of Business

3760 S. UNIVERSITY BLVD., APT. #1007
 JACKSONVILLE FL 32216

Mailing Address

3760 S. UNIVERSITY BLVD., APT. #1007
 JACKSONVILLE FL 32216

2. Principal Place of Business

3760 South University Blvd
 Suite, Apt. #, etc.
 #1007

3. Mailing Address

Suite, Apt. #, etc.

City & State
 Jacksonville, Florida

City & State

Zip
 32216

Zip

Country

4. FEI Number

59-3704336

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALTON, WILLARD SR
3760 S. UNIVERSITY BLVD., APT. #1007
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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]* (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
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 **DP** ☐ Delete
 NAME **WALTON, WILLARD SR**
 STREET ADDRESS **3760 S. UNIVERSITY BLVD., APT. #1007**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **DS** ☐ Delete
 NAME **WALTON, MARY**
 STREET ADDRESS **3760 S. UNIVERSITY BLVD., APT. #1007**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **DT** ☒ Delete
 NAME **LAZAR, MARK**
 STREET ADDRESS **11411 BECCHER CIR. W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ Change ☐ Addition
 NAME **Gladys L. Walton**
 STREET ADDRESS **9356 Norfolk Boulevard**
 CITY-ST-ZIP **Jacksonville, Florida 32208**

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
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 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]*

08/09/02

(904) 443-7470

CR2E037 (4/02)