

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002100

1. Entity Name

GRACE BAPTIST CHURCH OF TITUSVILLE, INC.

Principal Place of Business

Mailing Address

3880 SOUTH WASHINGTON AVE, SUITE 234
TITUSVILLE FL 32780

3880 SOUTH WASHINGTON AVE, SUITE 234
TITUSVILLE FL 32780

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

59-3712700

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

THOMPSON, LAWRENCE

3880 SOUTH WASHINGTON AVE, SUITE 234
TITUSVILLE FL 32780

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 DP
NAME THOMPSON, LAWRENCE
STREET ADDRESS 190 EAST OLMSTEAD DRAPT F15
CITY-ST-ZIP TITUSVILLE FL 32780

☐ Delete

TITLE
NAME
STREET ADDRESS 950 CYPRESS COURT
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE DST
NAME THOMPSON, MARJORIE C
STREET ADDRESS 190 EAST OLMSTEAD DRAPT F15
CITY-ST-ZIP TITUSVILLE FL 32780

☐ Delete

TITLE
NAME
STREET ADDRESS 950 CYPRESS COURT
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE DV
NAME PATTON, WILLIAM J
STREET ADDRESS 1220 OKLAHOMA ST
CITY-ST-ZIP OVIEDO FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME SMITH, DOUGLAS B
STREET ADDRESS 969 FAY BLVD
CITY-ST-ZIP COCOA FL 32927

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME HALL, STAFFORD A
STREET ADDRESS 3856 GOLDEN MEADOW COURT
CITY-ST-ZIP OVIEDO FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 321 385-1966

DUUU



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)