

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90119 005 ****61.25

DOCUMENT # NO1000002100

1. Entity Name

GRACE BAPTIST CHURCH OF TITUSVILLE, INC.



Principal Place of Business

**3880 SOUTH WASHINGTON AVE
SUITE 234
TITUSVILLE FL 32780**

Mailing Address

**3880 SOUTH WASHINGTON AVE
SUITE 234
TITUSVILLE FL 32780**

2. Principal Place of Business

1215 NORWOOD AVE

3. Mailing Address

1215 NORWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TITUSVILLE FLORIDA

City & State

TITUSVILLE, FLORIDA

4. FEI Number **59-3712700**

Applied For

☒ Not Applicable

Zip

32796-2751 BREVARD

Country

Zip

32796-2751

Country

BREVARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, LAWRENCE
3880 SOUTH WASHINGTON AVE
SUITE 234
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **THOMPSON, LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable)

1215 NORWOOD AVE

City

TITUSVILLE

FL

Zip Code

32796-2751

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 **THOMPSON, LAWRENCE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

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

TITLE **DP** ☐ Delete
NAME **THOMPSON, LAWRENCE**
STREET ADDRESS **950 CYPRESS COURT**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **DST** ☐ Delete
NAME **THOMPSON, MARJORIE C**
STREET ADDRESS **950 CYPRESS COURT**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D** ☐ Delete
NAME **SMITH, DOUGLAS B**
STREET ADDRESS **969 FAY BLVD**
CITY-ST-ZIP **COOCA FL 32927**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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

3/11/03

(321) 385-1966

CR2E037 (10/02)