Mailing Address 1804 STARRATT ROAD

3. Mailing Address

City & State

Zip

JACKSONVILLE FL 32226

Suite, Apt. #, etc.

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

## DOCUMENT # N0200000098

Country

5. Name and Address of Current Registered Agent

1. Entity Name

CHANGED BY GRACE, INC.

Principal Place of Business

2. Principal Place of Business

HEREFORD. STEVEN R"

1804 STARRATT ROAD JACKSONVILLE FL 32226

the obligations of registered agent.

1804 STARRATT ROAD

JACKSONVILLE FL 32226

Suite, Apt. #, etc.

City & State

Zip



Country

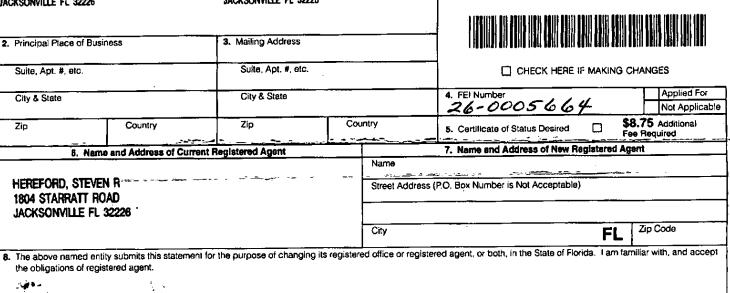
Name

City

**FILED** Mar 24, 2003 8:00 am Secretary of State

03-11-2003 90136 017 \*\*\*\*61.25

55018839



SIGNATURE DATE (NOTE: Registered Agent eignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE HEREFORD, STEVEN R NAME NAME 1804 STARRATT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP JACKSONVILLE FL 32228 TITLE Change ☐ Addition □ Delete TITLE MILLER, MICHAEL H NAME NAME 13521 ADCOCK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE: FL-32218 CITY-ST-ZIP ■ Addition ☐ Change □ Delete TITLE TITLE NAME HEREFORD, CHARLES D NAME STREET ADDRESS STREET ADDRESS 2219 LONGREENE ROAD SOUTH CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 director of the corporation or the receiver or director of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE: