

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

3/1

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

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

DOCUMENT # N02000000098

1. Entity Name

CHANGED BY GRACE, INC.



Principal Place of Business

**1804 STARRATT ROAD
JACKSONVILLE FL 32226**

Mailing Address

**1804 STARRATT ROAD
JACKSONVILLE FL 32226**

55018839



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-0005664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**HEREFORD, STEVEN R
1804 STARRATT ROAD
JACKSONVILLE FL 32226**

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, 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HEREFORD, STEVEN R**
STREET ADDRESS **1804 STARRATT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **DS** ☐ Delete
NAME **MILLER, MICHAEL H**
STREET ADDRESS **13521 ADCOCK ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **DT** ☐ Delete
NAME **HEREFORD, CHARLES D**
STREET ADDRESS **2219 LONGREENE ROAD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

904 757-1109
Daytime Phone #

CR2E037 (10/02)