

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

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

03-24-2003 90236 039 \*\*\*\*61.25

**DOCUMENT # N02000002610**

1. Entity Name

**SHADES OF GRACE CITYWIDE CHURCH, INC.**



Principal Place of Business

**180 SUNSET DRIVE  
WINTER HAVEN FL 33881**

Mailing Address

**180 SUNSET DRIVE  
WINTER HAVEN FL 33881**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0662755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MAYNARD, ROBERT F JR.  
180 SUNSET DRIVE  
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name  
**← SAME AS to the Left**

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

*Robert F. Maynard*

**2/12/03**

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 **D** ☐ Delete  
NAME **MAYNARD, ROBERT F JR.**  
STREET ADDRESS **180 SUNSET DRIVE**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete  
NAME **OWENS, MIKE**  
STREET ADDRESS **815 29TH STREET NORTHWEST**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete  
NAME **OWENS, TANYA**  
STREET ADDRESS **815 29TH STREET NORTHWEST**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

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  
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: *Robert F. Maynard* **Robert F. Maynard** **2/12/03** **956-3182** **(963)**

CR2E037 (10/02)