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

2/28/

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

02-28-2003 90164 003 \*\*\*\*61.25

## DOCUMENT # N0200006430

1. Entity Name

GRACE BY LIGHT DELIVERANCE CHRUCH OF GOD, INC.

						9				
Principal Place of Business Mailir		ailing Address								
999 9111 911 #1			TH ST. #7							
LAKE PARK FL 33403 LAKE			AKE PARK FL 33403			. 47	A CONTRACTOR			
							<u>(                                    </u>	AND BUILDING		
2. Principal Place of Business 3. N		3. Mai	Mailing Address							
Suite, Apt. #, etc. ,		Su	ite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		Cit	City & State			4. FEi Number Applied For				]
						05-05266 4 Not Applicable				
Zip Country		Zip	Zip Cou		ntry	5. Certificate of Status Desired				
	6. Name and Address of Curre	ed Agent			7. Name and Addr	7. Name and Address of New Registered Agent				
	O. Hamo dive Monte of California				Name					]_
CANTY, STELLA-A			Street Address			es (PO Box Number is No	(P.O. Box Number is Not Acceptable)			
808 9TH ST. #7			Street Address							4
LAKE PARK FL 33403										
;			City			FL Zip Code				1
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					atanad agant as bath in th		familias with	and accord	-
8. The above	named entity submits this statementions of registered agent.	t for the burn	ose or changing its	regisiere	onice or regi	stered agent, or boat, in the	ie state of Florida. Tam	TOUTHIED TYPE!,	and accept	
1		K	MARKET	<del>y</del> -			1.2	<b>Λ-</b> λ	2	1
SIGNATURE	<u></u>						DATE	0-0	<u> </u>	
•	Stonature, typed or printed name of registered ag	ent and title if app	scable. (NOTE	: Registered	Agent signature req	uired when reinstating)	DATE			↲
•	į.	l	9 Election Cam	naion Fi	nancing	¢5 00	Make Chec	k Pavable	to	}
FILE NOW: FEE IS \$61.25			Selection Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida Depar			
	Y.		·					0505000 1		4
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D			่าล
TITLE	PD OANTO OTTELLA			TITLE				☐ Change	☐ Addition	CR2E037 (10/02)
NAME STREET ADORDES	CANTY, STELLA				T ADORESS					15
STREET ADORESS CITY-ST-ZIP	806 9TH ST. #7				ST-ZIP					18
TITLE	VD LAKE PARK FL 33403	☐ Delete		TITLE	<del>-   -</del>			☐ Change	Addition	12
NAME	DAVIS, TERRY		L DERIG	NAME				_ •	<del></del>	10
STREET ADDRESS	806 9TH ST. #7				T ADDRESS					1
CITY-ST-ZIP	LAKE PARK FL 33403			CITY-	ST-ZIP					1
TITLE	STD		☐ Delete	TITLE				☐ Change	Addition	1
- NAME	-DANIELS, DIANA	<del></del>		- NAME	منته مرسما	<u>-, · </u>				1
STREET ADDRESS	806 9TH ST. #7			STREE	T ADDRESS					
CITY-ST-ZIP	LAKE PARK FL 33403			спу-	ST-ZIP					]
TITLE	<del></del>		☐ Delete	TITLE			<del>-</del>	☐ Change	☐ Addition	

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 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 after the empowered:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

☐ Delete

1-30-03

(561)882-9747

☐ Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone 6