2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009408

P. O. BOX 1141

AUBURNDALE, FL 338231141

Address:

City-St-Zip:

Entity Name: GRACE FELLOWSHIP OF FLORIDA, INC.

FILED Feb 07, 2003 Secretary of State

Littly Na	HE. GRACE PELLOWSHIP C	F FLORIDA, INC).		
Current Principal Place of Business:			New Principal Place of Business:		
P. O. BOX AUBURNI	1141 DALE, FL 338231141				
Current Mailing Address:			New Mailing Address:		
P. O. BOX AUBURNI	1141 DALE, FL 338231141				
FEI Number	FEI Number Ap	olied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
4898 LAKE AUBURNE The above	POOL, WILLIAM E JULIANA RESERVE DALE, FL 33823 named entity submits this state of Florida.	ement for the pu	rpose of changing its register	ed office or registered agent, c	or both,
SIGNATUI	RE:				
	Electronic Signature of I	Registered Agen	t	Date	
OFFICER	S AND DIRECTORS:		ADDITIONS/CHANG	GES TO OFFICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete VANDERPOOL, WILLIAM P. O. BOX 1141 AUBURNDALE, FL 338231141		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete VANDERPOOL, KIMBERLY P. O. BOX 1141 AUBURNDALE, FL 338231141		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete MINNIS, KEVIN		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILLIAM VANDERPOOL PD 02/07/2003