

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2001 8:00 am
Secretary of State

05-09-2001 90001 035 ****61.25

DOCUMENT # N05307

1. Entity Name

GRACE COMMUNITY CHURCH OF HOLDER, INC.

Principal Place of Business

C-491 HILL N. DALE SUB.
7233 N LECANTO HWY
HERNANDO FL 34442-2159
US

Mailing Address

C-491 HILL N. DALE SUB.
7233 N LECANTO HWY
HERNANDO FL 34442-2159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2518438

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROFFER, ROGER B. SR.
~~7233 N LECANTO HWY~~
~~HERNANDO FL 34442~~

7. Name and Address of New Registered Agent

Name

ROGER B. PROFFER SR.

Street Address (P.O. Box Number is Not Acceptable)

1014 SE 4TH AVE

City

CRYSTAL RIVER

FL

Zip Code

34429

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.

SIGNATURE

ROGER B. PROFFER, SR.

[Signature]

4-26-01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ Delete
NAME PROFFER, ROGER B. SR.
STREET ADDRESS ~~7233 N LECANTO HWY~~
CITY-ST-ZIP ~~HERNANDO FL 34442~~

TITLE D ☐ Delete
NAME WILLIAMSON, STEVEN
STREET ADDRESS 7250 N DAWSON DR
CITY-ST-ZIP ~~HERNANDO FL 34442~~

TITLE D ☐ Delete
NAME HOVIOUS, DAVID
STREET ADDRESS 6834 N CASTLEBURY RD
CITY-ST-ZIP ~~HERNANDO FL 34442~~

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 DT ☒ Change ☐ Addition
NAME ROGER B. PROFFER SR.
STREET ADDRESS 1014 SE 4TH AVE
CITY-ST-ZIP CRYSTAL RIVER, FL. 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME GEORGE DEHN
STREET ADDRESS 7233 N LECANTO HWY
CITY-ST-ZIP ~~HERNANDO, FL 34442~~

TITLE D ☐ Change ☒ Addition
NAME OLIVER RIGGS
STREET ADDRESS 1730 N RIBBON TERRACE
CITY-ST-ZIP ~~LECANTO, FL. 34461~~

TITLE D ☐ Change ☒ Addition
NAME GLEN PERRY
STREET ADDRESS 3044 N CARL G ROSE HWY
CITY-ST-ZIP ~~HERNANDO, FL 34442~~

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

352-795-2330

Date

Daytime Phone #

CR2E037 (10/00)