

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90354 020 \*\*\*\*61.25

**DOCUMENT # N14928**

1. Entity Name

**GRACE BAPTIST CHURCH OF WINTER HAVEN, INC.**

Principal Place of Business

**130 AVENUE G SE  
WINTER HAVEN FL 33880**

Mailing Address

**130 AVENUE G SE  
WINTER HAVEN FL 33880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2674433**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, HENRY  
910 DREXEL AVE NE  
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

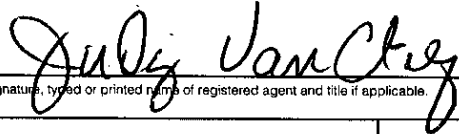
Name **Judy Van Clief**

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

**252 Nassau Rd**City **Winter Haven****FL**Zip Code  
**33884**

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

**Judy Van Clief****March 13, 2002**

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 **D** ☐ Delete  
NAME **TIMMS, EARL**  
STREET ADDRESS **665 LAKE DEXTER CIRCLE**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**TITLE **D** ☒ Delete  
NAME **BURKE, HENRY**  
STREET ADDRESS **910 DREXEL AVE N**  
CITY-ST-ZIP **WINTER HAVEN FL**TITLE **D** ☒ Delete  
NAME **HANKINS, ANNE**  
STREET ADDRESS **1806 HAVENDALE BLVD**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **TIMMS, EARL**  
STREET ADDRESS **825 REFLECTIONS LOOP E**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**TITLE **DF** ☐ Change ☒ Addition  
NAME **MARSHALL, HARVEY**  
STREET ADDRESS **517 AVE E NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE **D** ☐ Change ☒ Addition  
NAME **HULSEY, CAROL**  
STREET ADDRESS **520 S BROADWAY AVE**  
CITY-ST-ZIP **BARTOW FL 33830**TITLE **T** ☐ Change ☒ Addition  
NAME **ROUNDS, LISA**  
STREET ADDRESS **1112 CYPRESS POINT WEST**  
CITY-ST-ZIP **WINTER HAVEN FL ###**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Earl R. Timms****March 13, 2002**  
**863-299-5072**

Date

Daytime Phone #

CR2E037 (9/01)