

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90163 027 ****61.25

DOCUMENT # N15517

1. Entity Name

LOVE & GRACE FELLOWSHIP OF HOMESTEAD, FLORIDA, I

Principal Place of Business

Mailing Address

155 N.E. 15TH STREET
 HOMESTEAD FL 33030

155 N.E. 15TH STREET
 HOMESTEAD FL 33030-4545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0435150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, JOSE D.
26467 S. W. 126TH AVENUE
HOMESTEAD FL 33032

Name

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMIREZ, JOSE <i>DR. PASTOR</i>	
STREET ADDRESS	26467 SW 126TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTTEICHER, JACK	
STREET ADDRESS	8874 SW 197 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POWELL, WILLIAM S.	
STREET ADDRESS	29045 SW 157TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, PASTOR GLENN	
STREET ADDRESS	19741 SW 89TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAVAR, ROBERT	
STREET ADDRESS	9350 MARINE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>MC ANULTY, KEN L.</i>	
STREET ADDRESS	<i>150 N.E. 16TH ST.</i>	
CITY-ST-ZIP	<i>HOMESTEAD, FL. 33030</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *JOSE D. RAMIREZ, VD ASSOC PASTOR*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 305 245-7621
 Date Daytime Phone #

CR2E037 (9/99)