

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30385

1. Entity Name

AMAZING GRACE EVANGELICAL LUTHERAN CHURCH INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90078 005 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2530 JENKS AVENUE ATTN: PRESIDENT PANAMA CITY FL 32405		Mailing Address 2530 JENKS AVENUE ATTN: PRESIDENT PANAMA CITY FL 32405-4310	
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 59-2942382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAABE, RONALD 1002 RUSS LAKE DR PANAMA CITY FL 32404		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	M WORKENTINE, PAUL 345 BELL CIRCLE LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dumbauld, Bill 2812 Hwy 2321 #7 Panama City, FL 32409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVISON, ROBERT 6319 PRIDGEON STREET PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McTrust, Tim 114 Sandollar Dr. Panama City Beach, FL 32407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR GILES, DONALD 302 WOOD TRAIL PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reppen, Torger 1502 E 26th St. Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAABE, RONALD 1002 RUSS LAKE DR. PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winkel, David 6325 Boatrace Rd Panama City, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, ART 3010 MALONE DR. PANAMA CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, DON 2016 GERALD LANE LYNN HAVEN FL 32444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald C. Raabe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19 2000 950-769-7154
Date Daytime Phone #

CR2E037 (9/99)