

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90067 044 ****61.25

DOCUMENT # N30385

1. Entity Name

AMAZING GRACE EVANGELICAL LUTHERAN CHURCH INC.

Principal Place of Business

Mailing Address

**2530 JENKS AVENUE
ATTN: PRESIDENT
PANAMA CITY FL 32405**

**2530 JENKS AVENUE
ATTN: PRESIDENT
PANAMA CITY FL 32405**

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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAABE, RONALD
1002 RUSS LAKE DR
PANAMA CITY FL 32404**

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 **D** ☐ Delete
NAME **DUMBAULD, BILL**
STREET ADDRESS **2812 HWY 2321 #7**
CITY-ST-ZIP **PANAMA CITY FL 32409**

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

TITLE **D** ☐ Delete
NAME **MCTRUST, TIM**
STREET ADDRESS **114 SANDOLLAR DR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **VP** ☐ Change ☒ Addition
NAME **Donald J. Gilos**
STREET ADDRESS **302 Wood Trail**
CITY-ST-ZIP **Panama City, FL 32405**

TITLE **D** ☒ Delete
NAME **REPPEN, TORGER**
STREET ADDRESS **1502 E 26TH ST**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Kaith Owens**
STREET ADDRESS **4009 LEEANN CIR**
CITY-ST-ZIP **PC FL 32405**

TITLE **D** ☒ Delete
NAME **WINKEL, DAVID**
STREET ADDRESS **6325 BOATRACE RD**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **D** ☐ Change ☒ Addition
NAME **John Harrison**
STREET ADDRESS **1518 MACKENZIE CT**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **D** ☒ Delete
NAME **SCHAEFER, ART**
STREET ADDRESS **3010 MALONE DR.**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **D** ☒ Delete
NAME **INMAN, DON**
STREET ADDRESS **2016 GERALD LANE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ 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:

WILLIAM DUMBAULD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2002

Date

784-1455

Daytime Phone #

CR2E037 (9/01)