

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90354 050 \*\*\*\*61.25

0007612

**DOCUMENT # N30385**

1. Entity Name

**AMAZING GRACE EVANGELICAL LUTHERAN CHURCH INC.**



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



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 **Robert Davison**

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

**6319 Pridgen St.**

City **Panama City**

**FL**

Zip Code  
**32404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Robert Davison President**

**28 APRIL 03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **V** ☐ Delete  
NAME **GILES, DONALD J**  
STREET ADDRESS **302 WOOD TRAIL**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **T** ☐ Delete  
NAME **OWENS, KEITH**  
STREET ADDRESS **4009 LEE ANN CIR**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☒ Delete  
NAME **HARRISON, JOHN**  
STREET ADDRESS **1518 MACKENZIE CT**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **Davison Robert J.**  
STREET ADDRESS **6319 Pridgen St.**  
CITY-ST-ZIP **Panama City FL 32404**

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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:

**Robert J. Davison**

**28 APR 03 850 871-2390**

CR2E037 (10/02)