

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90026 027 ****61.25

DOCUMENT # N35037

1. Entity Name

LOVE AND GRACE FAMILY CHURCH, INC.

Principal Place of Business

Mailing Address

12400 PLANTATION RD
 FORT MYERS FL 33912

12400 PLANTATION RD
 FORT MYERS FL 33912
 US

2. Principal Place of Business

12400 Plantation Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

4. FEI Number

65-0150686

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

Country

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

HAIGHT, DANIEL J.
7553 CAMERON CIRCLE
FT. MYERS FL 33912

Name **Haight, Daniel J.**

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

7873 Go Canes Way

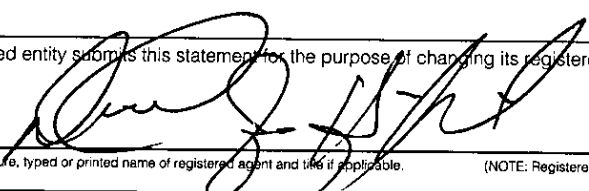
City

Ft. Myers

FL

Zip Code
33912

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  4/23/02

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 **DP** ☐ Delete
 NAME **HAIGHT, DANIEL J**
 STREET ADDRESS **7573 CAMERON CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **DP** ☒ Change ☐ Addition
 NAME **HAIGHT, DANIEL J.**
 STREET ADDRESS **7873 Go Canes Way**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **DS** ☐ Delete
 NAME **HAIGHT, JOSELYN A**
 STREET ADDRESS **7573 CAMERON CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **DS** ☒ Change ☐ Addition
 NAME **HAIGHT, JOSELYN A.**
 STREET ADDRESS **7873 Go Canes Way**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **DV** ☐ Delete
 NAME **DELEACAES, PASQUALE**
 STREET ADDRESS **3074 MCGREGOR BLVD**
 CITY-ST-ZIP **FT MYERS FL 33901**

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

TITLE **DV** ☒ Delete
 NAME **BULGERIN, WAYNE**
 STREET ADDRESS **5572-1 MALT DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33907**

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

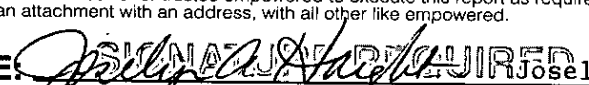
TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:  **Joselyn A. Haight**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

239-768-1300

Date

Daytime Phone #

CR2E037 (9/01)