

2001 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
May 25, 2001 8:00 am
Secretary of State

05-04-2001 90015 010 ****61.25

DOCUMENT # N35121

1. Entity Name

GRACE CHRISTIAN & MISSIONARY ALLIANCE CHURCH, IN

Principal Place of Business

Mailing Address

334 FOURTH AVE
 INDIALANTIC FL 32903

334 FOURTH AVE
 INDIALANTIC FL 32903

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

59-2976214

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

**TEAGUE, DAVID N.
 334 FOURTH AVE
 INDIALANTIC FL 32903**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SST
 SHAFFER, DONALD
 461 MERCER, NW
 PALM BAY FL 32907** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 CAMPBELL, DUDLEY
 1365 CAMAS AVE., NW
 PALM BAY FL 32907** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T/CD/
 TEAGUE, DAVID N.
 334 FOURTH AVE
 INDIALANTIC FL 32903** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 THOMAS, AMANDA
 690 SABAL RD
 MELBOURNE VILLAGE FL 32903** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 ANN TEAGUE
 3467 FLORIDA PALM AVE.
 MELBOURNE, FL 32901** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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, without other like empowered.

SIGNATURE:

Signature and Typed Name of Signing Officer or Director

4/27/01 321 676-3861

Date

Daytime Phone #

CR2E037 (10/00)