

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 006 ****61.25

DOCUMENT # **N 35820**

1. Entity Name

GRACE BIBLE CHURCH OF SARASOTA, INC

Principal Place of Business

Mailing Address

**4903 CEDAR OAK WAY
 SARASOTA, FL 34233**

2. Principal Place of Business

4903 CEDAR OAK WAY

Suite, Apt. #, etc.

3. Mailing Address

4903 CEDAR OAK WAY

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0141138

Applied For

☐ Not Applicable

Zip

34233

Country

US

Zip

34233

Country

US

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

**CLAY JOHANSSON
 4903 CEDAR OAK WAY
 SARASOTA, FL 34233**

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 releasing)

DATE

**FILE NOW
 FEE IS \$31.25**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **CHAIRMAN**
 STREET ADDRESS **RON SNIDER**
 CITY-ST-ZIP **3438 MELODY LN
 SARASOTA, FL 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **SECRETARY**
 STREET ADDRESS **CLAY JOHANSSON**
 CITY-ST-ZIP **4903 CEDAR OAK WAY
 SARASOTA, FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **TREASURER**
 STREET ADDRESS **MICHAEL SWOFFORD**
 CITY-ST-ZIP **5032 BELMEADE DR
 SARASOTA FL 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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:

CLAY W. JOHANSSON

Date

4/30/01

Daytime Phone #

941-650-0196

CR2ED37 (11/00)