

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90084 020 ****61.25

DOCUMENT # N38160

1. Entity Name

GRACE FULL GOSPEL CHURCH, INC.

Principal Place of Business

Mailing Address

HWY 308 . 1987
CRESCENT CITY, FLORIDA
CRESCENT CITY FL 32112
US

STAR ROUTE 1, BOX 252
CRESCENT CITY FL 32112-9718
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3022226

Applied For

Not Applicable

Zip

Country

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

ELLER, LINDA
ST RT 1 BOX 251
CRESCENT CITY FL 32112

Name

SCHEUCH, ALYCE

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

ST. RT. 1 BOX 252

City

CRESCENT City

FL

Zip Code

32112

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

ALYCE SCHEUCH, SECRETARY *Alyce Scheuch*

4-26-00

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 P ☐ Delete
NAME SCHEUCH, LOUIS
STREET ADDRESS ST RT 1 BOX 252
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE S ☐ Change ☒ Addition
NAME SCHEUCH, ALYCE
STREET ADDRESS ST. RT. 1 BOX 252
CITY-ST-ZIP CRESCENT City, FL. 32112

TITLE S ☐ Delete
NAME ELLER, LINDA
STREET ADDRESS ST RT 1 BX 251
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE T ☒ Change ☐ Addition
NAME ELLER, LINDA
STREET ADDRESS ST. RT. 1 BOX 251
CITY-ST-ZIP CRESCENT City, FL. 32112

TITLE T ☒ Delete
NAME BRODOCK, ELSIE
STREET ADDRESS H C #2 BOX 483
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE T ☐ Change ☒ Addition
NAME McLain ROSE, ZAIDA
STREET ADDRESS H.C. #1 BOX 629A
CITY-ST-ZIP GEORGE TOWN, FL. 32139

TITLE T ☒ Delete
NAME POOLE, ALVIN
STREET ADDRESS ST RT BOX 91-B
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE T ☐ Change ☒ Addition
NAME LAWSON, LUCY
STREET ADDRESS 765 GUMBY CT.
CITY-ST-ZIP CRESCENT City, FL. 32112

TITLE T ☐ Delete
NAME MIDDLETON, ANNA
STREET ADDRESS KEOWN AVENUE
CITY-ST-ZIP POMONA PARK FL 32181

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

TITLE T ☐ Delete
NAME SHOWER, DALE
STREET ADDRESS P O BOX 403
CITY-ST-ZIP POMONA PARK FL 32181

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:

Alyce Scheuch (ALYCE SCHEUCH)

4-26-00

904-467-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)