

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90189 049 ****61.25

DOCUMENT # N38160

1. Entity Name

GRACE FULL GOSPEL CHURCH, INC.

Principal Place of Business

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

Mailing Address

**STAR ROUTE 1, BOX 252
 CRESCENT CITY FL 32112
 US**

2. Principal Place of Business

**1897 COUNTY RD. 308
 Suite, Apt. #, etc.**

3. Mailing Address

**HCI BOX 252
 Suite, Apt. #, etc.**

City & State

CRESCENT CITY, FL

City & State

CRESCENT CITY, FL

4. FEI Number

59-3022226

Applied For

☐ Not Applicable

Zip

32112

Country

PUTNAM

Zip

32112

Country

PUTNAM

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHEUCH, ALYCE
 ST RT 1 BOX 252
 CRESCENT CITY FL 32112**

7. Name and Address of New Registered Agent

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

Alyce Scheuch, Secretary

1-18-01

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	P	<input type="checkbox"/> Delete
NAME	SCHEUCH, LOUIS	
STREET ADDRESS	ST RT 1 BOX 252	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELLER, LINDA	
STREET ADDRESS	ST RT 1 BX 251	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHEUCH, ALYCE	
STREET ADDRESS	ST. RT. 1 BOX 252	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAWSON, LUCY	
STREET ADDRESS	765 GUMBY CT.	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIDDLETON, ANNA	
STREET ADDRESS	KEOWN AVENUE	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHOWER, DALE	
STREET ADDRESS	P O BOX 403	
CITY-ST-ZIP	POMONA PARK FL 32181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORRIE, ELISSA	
STREET ADDRESS	P.O. Box 429	
CITY-ST-ZIP	GEORGE TOWN, FL. 32139	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOWERS, DALE	
STREET ADDRESS	RR#2 Box 774B	
CITY-ST-ZIP	CRESCENT City, FL. 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 1-18-01 904-467-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)