

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-14-2002 90415 040 ****70.00

DOCUMENT # N38160

1. Entity Name

GRACE FULL GOSPEL CHURCH, INC.

Principal Place of Business

1897 COUNTY RD 308
 CRESCENT CITY FL 32112
 US

Mailing Address

1897 COUNTY RD 308
 CRESCENT CITY FL 32112
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3022226

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ~~1~~

\$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 **Paula Owens**
 Street Address (P.O. Box Number is Not Acceptable)
1897 C.R. 308
 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

Paula Owens

Paula Owens

1-13-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEUCH, LOUIS ST RT 1 BOX 252 CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOWERS, DALE RR #2 BOX 7740 CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHEUCH, ALYCE ST. RT. 1 BOX 252 CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWSON, LUCY 765 GUMBY CT. CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLETON, ANNA KEOWN AVENUE POMONA PARK FL 32181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOWER, DALE P O BOX 403 POMONA PARK FL 32181	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Owens 1897 CR 308 Crescent City FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Showers 106 Pine Forest Cir. Crescent City, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Elissa Corrie PO Box 429 Georgetown FL 32139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paula Owens 1897 CR 308 Crescent City FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Franklin Dunson PO Box 673 (221 Old Hwy. 17) Lake Como FL 32157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Paula Owens **1-13-02** **386-**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)