

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44584**

1. Entity Name

GRAPELAND HEIGHTS MINISTRIES INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90112 027 ****61.25

Principal Place of Business

Mailing Address

~~941 SWAN AVENUE
 MIAMI SPRINGS FL 33166
 US~~

~~941 SWAN AVE
 MIAMI SPRINGS FL 33166-4354
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

825 Wright st
 Suite, Apt. #, etc.
Englewood FL
 City & State

825 Wright st
 Suite, Apt. #, etc.
Englewood FL
 City & State

4. FEI Number

65-0295256

Applied For

Not Applicable

Zip
34223

Country
USA

Zip
34223

Country
USA

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

~~LYONS, WILLIAM K
 941 SWAN AVENUE
 MIAMI SPRINGS FL 33166~~

Change of Address

Name
 Street Address (P.O. Box Number is Not Acceptable)
825 Wright st
 City *Englewood FL* Zip Code *34223*

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	LYONS, WILLIAM K.	
STREET ADDRESS	941 SWAN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILHARDT, HAROLD	
STREET ADDRESS	3129 NW 11TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORMICAN, MARGARET	
STREET ADDRESS	1850 NW 34TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBER, MILICENT	
STREET ADDRESS	3070 NW 14TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYLVESTER, ALAN	
STREET ADDRESS	6145 SW 116TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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
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NAME		
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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: *William K Lyons* **WITNESSES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

941-697-4190

Date

Daytime Phone # *Ext 7*

CR2E037 (9/99)