

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47156**

1. Entity Name

FIRST GRATEFUL CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

714 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BCH. FL 32118
US8995 S.R. 11
BUNNELL FL 32110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable5. 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**

Name

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

City

FL

Zip Code

DICKSON, DAVID
8995 STATE RD. 11
BUNNELL FL 32110

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 reinstating)

DATE

FILE NOW:
FEF IS \$61.259. 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 **DICKSON, DAVID**
STREET ADDRESS **714 E. INTERNATIONAL SPEEDWAY BLVD.**
CITY-ST-ZIP **DAYTONA BCH. FL**TITLE ☒ Delete
NAME **DICKSON, DIANA**
STREET ADDRESS **4301 FAIRLAWN AVENUE**
CITY-ST-ZIP **ORLANDO FL**TITLE ☒ Delete
NAME **DICKSON, DUANE**
STREET ADDRESS **4301 FAIRLAWN AVENUE**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **JEFFREY R. VASSALLO**
STREET ADDRESS **1236 13TH ST**
CITY-ST-ZIP **HOLLY HILL FL 32117**TITLE ☒ Change ☐ Addition
NAME **EVELYN MILLER CORNWELL**
STREET ADDRESS **11217 S.E. 62ND AV.**
CITY-ST-ZIP **BELLEVEUE FL 34420**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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:**DAVID A. DICKSON** 1-17-00 704-437-9384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #