

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90208 013 \*\*\*\*70.00

**DOCUMENT # N49949**

1. Entity Name

**GRACE UNITED METHODIST CHURCH WABASSO, INC.**

Principal Place of Business

**8799 FIFTIETH AVE.  
 WABASSO FL 32970**

Mailing Address

**P.O. BOX 55  
 WABASSO FL 32970  
 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 Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ISAACSON, JAMES C REV  
 8805 50TH AVE  
 P.O. BOX 55  
 WABASSO FL 32970**

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 **ISAACSON, JAMES C.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*James C Isaacson April 28 2001*

**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 **TDV** ☐ Delete  
 NAME **HERRING, DONALD**  
 STREET ADDRESS **123 LANDOVER DR.**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **CDP** ☒ Delete  
 NAME **DICK, JOY**  
 STREET ADDRESS **549 GLENCOVE ST.**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☐ Delete  
 NAME **CADENHEAD, MARVIN**  
 STREET ADDRESS **4315 82 ST**  
 CITY-ST-ZIP **WABASSO FL 32970**

TITLE **DS** ☐ Delete  
 NAME **PADDOCK, VIRGINIA**  
 STREET ADDRESS **3525 MARTHA'S LN**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** ☐ Delete  
 NAME **LINCOLN, RAYMOND**  
 STREET ADDRESS **7870 -126TH ST**  
 CITY-ST-ZIP **ROSELNAD FL 32957**

TITLE **D** ☐ Delete  
 NAME **ISAACSON, JAMES**  
 STREET ADDRESS **8805 50 AVE**  
 CITY-ST-ZIP **WABASSO FL 32970**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **CDP** ☐ Change ☒ Addition  
 NAME **KNITTEL, DAVID**  
 STREET ADDRESS **126 JIMMY STREET**  
 CITY-ST-ZIP **SEBASTIAN, FL 32958**

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

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

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

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: *James C Isaacson*

*April 28, 01 (561) 589-4412*

CR2E037 (10/00)