

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N49949**

1. Entity Name

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90104 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**8799 FIFTIETH AVE.  
WABASSO FL 32970**

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

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 700055**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WABASSO, FL**

Zip

Country

Zip  
**32970-0055**

Country  
**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**REV. Kim M. TEEHAN**

Street Address (P.O. Box Number is Not Acceptable)  
**8799 50TH AVENUE**

City  
**WABASSO** **FL** Zip Code  
**32970**

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 Kim M. Teehan, PASTOR **Kim M. TEEHAN**

**4-10-2002**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D/C  
VIRGINIA PADDOCK  
3525 MARTHA'S LANE  
VERO BEACH, FL 32967** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C/D/V** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/T  
CHRIS BUCKMAN  
6245 81ST ST.  
VERO BEACH, FL 32967** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
JANET KRIEGER  
4655 85TH ST.  
WABASSO, FL 32970** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EVELYN JOY  
549 GLENCOVE ST.  
SEBASTIAN, FL 32958** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KIM TEEHAN  
8805 50TH AVE.  
WABASSO, FL 32970** ☐ Change ☒ 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: Kim M. Teehan **TEEHAN, PASTOR** **4-10-2002** **(561) 589-4412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)