

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000000393**

1. Entity Name

**GRACE CHURCH OF GOD OF PROPHECY, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90052 027 \*\*\*\*61.25

Principal Place of Business <b>3093 FLOWEVA STREET W PALM BEACH FL 33406</b>	Mailing Address <b>3093 FLOWEVA STREET W PALM BEACH FL 33406</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>PO BOX 22222</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>WEST PALM BEACH FL</b>
Zip	Country
<b>33416-2222</b>	

4. FEI Number <b>65-0386183</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**LADD, BRIAN K**  
**3093 FLOWEVA STREET**  
**W PALM BEACH FL 33406**

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 \_\_\_\_\_  
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 <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>RAY, JOE</b>	
STREET ADDRESS <b>2565 CEDARCREST RD</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>THOMAS, AMOS</b>	
STREET ADDRESS <b>413 N.W. 3RD AVE.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33435</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MCDANIEL, JOHNNY F</b>	
STREET ADDRESS <b>2910 NORWAY PINE LANE</b>	
CITY-ST-ZIP <b>LANTANA FL 33462</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>LADD, BRIAN</b>	
STREET ADDRESS <b>3093 FLOWEVA STREET</b>	
CITY-ST-ZIP <b>W PALM BEACH FL 33406</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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: SIGNATURE REQUIRED **4-11-00** **541-969-2030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)