

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

0010188

**DOCUMENT # N93000004851**

1. Entity Name

**GRACE COMMUNITY CHAPEL OF PORT ST. JOHN, INC.**

05-27-2002 90465 048 \*\*\*\*61.25

Principal Place of Business <b>4295 GARDEN ST TITUSVILLE FL 32796 US</b>	Mailing Address <b>6236 BRANDT ST PORT ST JOHN FL 32927 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3217728**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REPP, JAMES E  
6236 BRANDT ST  
PORT ST JOHN FL 32927**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	GROSSMANN, JAMES H	4090 VANCOUVER AVE	COCOA FL 32926				
SD	OLGUIN, LEON	3775 FELDA STREET	COCOA FL 32926				
TD	REPP, JAMES E	6236 BRANDT ST	PORT ST JOHN FL 32927				

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 E Repp* **SIGNATURE REQUIRED** *Repp* 04/30/02 321 634-5276

CR2E037 (9/01)