

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90051 014 \*\*\*\*61.25

**DOCUMENT # N93000005666**

1. Entity Name

**GRACE BAPTIST CHURCH OF CENTRAL FL. INC.**



Principal Place of Business

**919 LONGWOOD HILLS ROAD  
LONGWOOD FL 32750  
US**

Mailing Address

**114 BEAUFORT DR.  
LONGWOOD FL 32779  
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 **59-3225273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, DAVID  
114 BEAUFORT DR.  
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P/T**  
STREET ADDRESS **TICE, JAMES**  
CITY-ST-ZIP **8 W. THRUSH  
APOPKA FL 32712**

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

TITLE ☒ Delete  
NAME **V/T**  
STREET ADDRESS **GADDY, PAUL**  
CITY-ST-ZIP **319 GREEN REED RD  
DEBARY FL 32713**

TITLE ☒ Change ☒ Addition  
NAME **V/T**  
STREET ADDRESS **Edmonds, Allen**  
CITY-ST-ZIP **228-Buttonwood  
Winter Springs, FL 32708**

TITLE ☐ Delete  
NAME **T/T**  
STREET ADDRESS **YELVERTON, BETTY J**  
CITY-ST-ZIP **407 SATSUMA DR  
SANFORD FL 32771**

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

TITLE ☒ Delete  
NAME **S/T**  
STREET ADDRESS **THOMPSON, TARA L**  
CITY-ST-ZIP **32 E PRINCETON STREET  
ORLANDO FL 32804**

TITLE ☒ Change ☒ Addition  
NAME **S/T**  
STREET ADDRESS **Burch, Gilbert D.**  
CITY-ST-ZIP **358 Hanging Moss  
Lake Mary, FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 L. Tice* **REQUIRE**

**3-9-03 407-886-6420**

CR2E037 (10/02)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

*Attachment*

DATE OF THIS NOTICE: 03-02-94  
NUMBER OF THIS NOTICE: CP 575 L  
EMPLOYER IDENTIFICATION NUMBER: 59-3225273  
FORM: SS-4 (TELE-TIN)  
0716806953 0

90049289

193000005666

FOR ASSISTANCE CALL US AT:  
354-1760 LOCAL JACKSONVILLE  
1-800-829-1040 OTHER FL

GRACE BAPTIST CHURCH OF CENTRAL  
% DAVID K THOMPSON  
114 BEAUFORT DR  
LONGWOOD FL 32779

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 59-3225273. This EIN will identify your business account tax returns and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

Assigning an Employer Identification Number does not grant tax-exempt status to non-profit organizations. If your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023/1024 (Application for Recognition of Exemption) with your IRS District Office. Publication 557 (Tax Exempt Status for Your Organization), available at most IRS offices, has details on how to apply.

Please use the label IRS provided when filing tax documents. If that is not possible, use your EIN and complete name and address as shown below to fully identify your account and avoid delays.

GRACE BAPTIST CHURCH OF CENTRAL  
FLORIDA  
% DAVID K THOMPSON  
114 BEAUFORT DR  
LONGWOOD FL 32779

If this information is incorrect, please correct it on page 2 of this notice. Return it to the address shown so we can correct your account.

If you have not already done so, please complete the enclosed Form SS-4, Application for Employer Identification Number. Write in your new EIN, 59-3225273, in the upper right hand corner of the form. Be sure you sign and date the form properly. Return the form with page 2 of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

Thank you for your cooperation.