2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am Secretary of State DOCUMENT # **N94000001748** 1. Entity Name GRACE FELLOWSHIP CONGREGATIONAL CHURCH, INC. 02-21-2002 90034 004 ****61.25 Principal Place of Business Mailing Address 2401 S PARK AVE 2401 S PARK AVE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2388130 Not Applicable Zip Country _ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEDENBAUGH, LARRY 3321 CRIMSON LANE DELTONA FL 32738 City Zip Code FL 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Т TITLE Delete TITLE ☐ Addition WARREN, JON NAME NAME SANDERS, ANNA STREET ADDRESS 203 BITTERWOOD STREET STREET ADDRESS 215 HAYES DRIVE CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP SANFORD, FL 32771 TITLE ☐ Delete TITI F ☐ Change ☐ Addition KELLY, RICHARD NAME STREET ADDRESS 3812 PINE AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SANFORD FL 32773 ☐ Delete TITLE ☐ Change ☐ Addition SIMPSON, MARY NAME NAME STREET ADDRESS 2005 MARQUETTE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME witte. Henry NAME STREET ADDRESS 775 POND VIEW CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE TITLE ☐ Delete ☐ Addition ☐ Change NAME SHELTON, DALE NAME STREET ADDRESS 2923 WHITE PINE LN. STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-7IP TITLE **X** Delete TITLE Change Change ☐ Addition NAME HAMMOND, JAMES R CORBETT, ETHEL NAME STREET ADDRESS 348 E EVERGREEN AVE STREET ADDRESS 231 LAKEVIEW SANFORD, ĒĹ CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL

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.

CR2E037 (9/01)