

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002886

1. Entity Name

GRACE CHURCH MINISTRY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90043 023 ****61.25

Principal Place of Business Mailing Address
GRACE CHURCH MINISTRY, INC. 3470 N.W. 171 TERR
18201 N.W. 37 AVE. MIAMI FL 33056-4136
MIAMI FL 33054
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 65-0513166 Applied For Not Applicable

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

WRIGHT, JAMES
3470 NW 171ST TER
MIAMI FL 33055

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 *James Wright, President, JAMES WRIGHT* 2/7/2000
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	P	<input type="checkbox"/> Delete
NAME	WRIGHT, JAMES REV	
STREET ADDRESS	3470 N.W. 171 TERR	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, MARGIE W	
STREET ADDRESS	4275 N.W. 182 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEALS, MARY	
STREET ADDRESS	1791 N.W. 151 STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	BOTP	<input type="checkbox"/> Delete
NAME	BANKS, MARSHALL	
STREET ADDRESS	20901 N.W.37 AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	BOT	<input type="checkbox"/> Delete
NAME	WEAVER, RONALD	
STREET ADDRESS	4275 N.W. 182 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	BOT	<input type="checkbox"/> Delete
NAME	SEALS, GAIL	
STREET ADDRESS	12801 N.W. 27TH AVE., APT. 312	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNA D. WRIGHT	
STREET ADDRESS	3470 NW 171 TERR	
CITY-ST-ZIP	OPA LOCKA, FL. 33056	
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	WEAVER, RONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4275 NW 182 ST.	
CITY-ST-ZIP	MIAMI, FL. 33056	
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: *James Wright, President, JAMES WRIGHT* 2/7/2000 (305) 624-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)