

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90041 044 \*\*\*\*61.25

**DOCUMENT # N94000002886**

1. Entity Name

**GRACE CHURCH MINISTRY, INC.**

Principal Place of Business

Mailing Address

**GRACE CHURCH MINISTRY, INC.**  
**18201 N.W. 37 AVE.**  
**MIAMI FL 33054**  
**US**

**3470 N.W. 171 TERR**  
**MIAMI FL 33056**

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*

*4/22/02*

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **WRIGHT, JAMES REV**  
 CITY-ST-ZIP **3470 N.W. 171 TERR**  
**OPA LOCKA FL 33056**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **ANDERSON, MARGIE W**  
 CITY-ST-ZIP **4275 N.W. 182 STREET**  
**MIAMI FL 33056**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **SEALS, MARY**  
 CITY-ST-ZIP **1791 N.W. 151 STREET**  
**OPA LOCKA FL 33054**

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

TITLE ☐ Delete  
 NAME **BOTP**  
 STREET ADDRESS **BANKS, MARSHALL**  
 CITY-ST-ZIP **20901 N.W.37 AVE.**  
**MIAMI FL 33056**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **WRIGHT, ANNA D**  
 CITY-ST-ZIP **3470 NORTHWEST 171ST TERRACE**  
**MIAMI FL 33056**

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

TITLE ☐ Delete  
 NAME **BOT**  
 STREET ADDRESS **SEALS, GAIL**  
 CITY-ST-ZIP **12601 N.W. 27TH AVE., APT. 312**  
**MIAMI FL 33165**

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 Wright, PRESIDENT, JAMES WRIGHT* *4/22/02* *(305)624-6171*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)