

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90082 006 ****61.25

DOCUMENT # N94000003718

1. Entity Name
GRACE CHURCH OF MIAMI SHORES, INC.

Principal Place of Business 10390 NE 2ND AVE MIAMI SHORES FL 33138	Mailing Address 10390 NE 2ND AVE MIAMI SHORES FL 33138-2055
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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 Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSFELD, SERIL L ESQ
SERIL L GROSSFELD ATTORNEY AT LAW PA
8 SE 8TH ST
FT LAUDERDALE FL 33316

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 _____ (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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CORNELL, HAROLD	8240 SW 24TH ST APT 5108	NORTH LAUDERDALE FL 33068	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WILLIAMS, CASSANDRA	7068 NW 169TH ST	MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COLEBROOK, TERRY	1421 NW 70TH ST	MIAMI FL 33147	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GRUMBOSKI, MICHAEL	820 NE 82ND TER	MIAMI FL 33138	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: HAROLD CORNELL **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 3/19/00 **DATE** 954-777-1401 **DAYTIME PHONE #**

CR2E037 (9/99)