

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0039344

05-17-2001 91352 028 ****61.25

DOCUMENT # N94000003718

1. Entity Name

GRACE CHURCH OF MIAMI SHORES, INC.

767073



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10390 NE 2ND AVE MIAMI SHORES FL 33138	Mailing Address 10390 NE 2ND AVE MIAMI SHORES FL 33138
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> Delete
NAME	CORNELL, HAROLD
STREET ADDRESS	8240 SW 24TH ST APT 5108
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CASSANDRA
STREET ADDRESS	7066 NW 169TH ST
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	COLEBROOK, TERRY
STREET ADDRESS	1421 NW 70TH ST
CITY-ST-ZIP	MIAMI FL 33147
TITLE	D <input type="checkbox"/> Delete
NAME	GRUMBOSKI, MICHAEL
STREET ADDRESS	820 NE 82ND TER
CITY-ST-ZIP	MIAMI FL 33138
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Hall, Derrick</i> <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>3312 Percival Ave</i>
CITY-ST-ZIP	<i>Miami FL 33133</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Pye, Janice</i>
STREET ADDRESS	<i>6450 Windmill Gate Road</i>
CITY-ST-ZIP	<i>Miami Lakes, FL 33014</i>
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	

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 information.

SIGNATURE: *[Signature]* **REQUIRE** **HAROLD CORNELL** 5/17/01 7245736

CR2E037 (10/00)