

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-04-2002 90015 016 ****61.25

DOCUMENT # N94000003718

1. Entity Name

GRACE CHURCH OF MIAMI SHORES, INC.

Principal Place of Business

Mailing Address

10390 NE 2ND AVE
 MIAMI SHORES FL 33138

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 **CORNELL, HAROLD**
 STREET ADDRESS **8240 SW 24TH ST APT 5108**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE Delete
 NAME **HALL, DERRICK**
 STREET ADDRESS **3312 PERCIVEL AVE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE Delete
 NAME **PYE, JANICE**
 STREET ADDRESS **6450 WINDMILL GATE ROAD**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE Delete
 NAME **GRUMBOSKI, MICHAEL**
 STREET ADDRESS **820 NE 82ND TER**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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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:

SIGNATURE REQUIRED

Cornell

3/25/02

954-724-5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)