

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003879

1. Entity Name

GRACE COMMUNITY CHURCH OF MANDARIN, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90154 017 ****61.25

608634



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P. O. BOX 24444
JACKSONVILLE FL 32241-4444

Mailing Address

P. O. BOX 24444
JACKSONVILLE FL 32241-4444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3395847

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHRISTMAS, TROYE SCOTT
4104 NAKEMA DR S
JACKSONVILLE FL 32257

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTMAS, TROYE SCOTT 4104 NAKEMA DRIVE S JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKWORTH, MARK S 623 NORTH MAIN STREET JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDAY, JOHN 151 MAYALL DRIVE WEST JACKSONVILLE FL 32220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8949 Country Mill Lane Jacksonville, FL 32222-1246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Beckworth 1/13/01 296-3300

Date

Daytime Phone #

CR2E037 (10/00)