2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003
Secretary of State

DOCUMENT# N96000003879

Entity Name: GRACE COMMUNITY CHURCH OF MANDARIN, INC.

Current Principal Place of Business:

P. O. BOX 24444
JACKSONVILLE, FL 322414444

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 24444
JACKSONVILLE, FL 322414444

New Mailing Address:

FEI Number: 59-3395847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTMAS, TROYE SCOTT
10266 TREVOR CREEK DRIVE W.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHRISTMAS, TROYE SCOTT
Address: 10266 TREVOR CREEK DRIVE W
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: BECKWORTH, MARK S
Address: 8949 COUNTRY MILL LN
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete
Name: MONDAY, JOHN
Address: 151 MAYALL DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KIRKLAND, KEITH
Address: 10544 MCGIRTS CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH KIRKLAND D 01/15/2003

Electronic Signature of Signing Officer or Director — Date