

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004799

1. Entity Name

GRACE LIFE FOREIGN HOME MISSIONS OF PANAMA CITY

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 013 ****75.00

Principal Place of Business

Mailing Address

**13300 BACK BEACH ROAD
 PANAMA CITY BEACH FL 32407**

**PO BOX 14121
 PANAMA CITY BEACH FL 32413-4121**

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

**BISHOP, MARKUS
 13300 BACK BEACH ROAD
 PANAMA CITY BEACH FL 32407**

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	D	<input type="checkbox"/> Delete
NAME	BISHOP, SCARLETT	
STREET ADDRESS	13300 BACK BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPELAND, JOHN	
STREET ADDRESS	13300 BACK BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, MARKUS	
STREET ADDRESS	13300 BACK BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

Signature Required **Markus Q. Bishop** 03/30/00 (850) 234-7978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)