

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 034 ****75.00

DOCUMENT # N96000004799

1. Entity Name

GRACE LIFE FOREIGN HOME MISSIONS OF PANAMA CITY

Principal Place of Business
13300 BACK BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address
PO BOX 14121
PANAMA CITY BEACH FL 32407

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

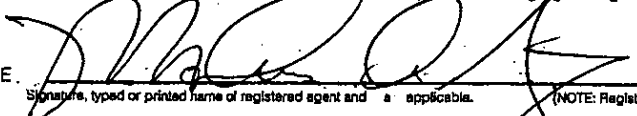
4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BISHOP, MARKUS
13300 BACK BEACH ROAD
PANAMA CITY BEACH FL 32407

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:  05/03/02
Signature, typed or printed name of registered agent and 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 attached address with another, if so empowered.

SIGNATURE:  05/03/02 (850) 234-7978
Signature and typed or printed name of signatory. Officer or Director Date Daytime Phone #

CR2E037 (10/00)