2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005271

1. Entity Name

GRACE CHRISTIAN CHURCH, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

				01	-25-2000 90090	003 ****61.25	
Principal Plac	e of Business	Mailing Address		·			
234 N.W. 47TH AVENUE DEERFIELD BEACH FL 33442		234 N.W. 47TH AVENUE DEERFIELD BEACH FL 33442-9319				-8000694	8/
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE	
City & State		City & State		4. FEI Numbe	4. FEI Number 65-0710481 Applied For Not Applied		
Zip Country		Zip	Country		of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			Address of New Re	egistered Agent	
			Name				
SMITH, DO		Street Address (P.O. Box Number is Not Acceptable)					
	47th avenue D Beach FL 33442		City	City		⊏ ∎ Zip Cod	
			City			FL Zip Coa	_
SIGNATURE ,	Signature, typed or printed name of registered agent $f(x,y) = (x,y) + (y,y)$	t and title if applicable. (NOTE	Registered Agent signat	ure required when reinstating)		DATE	
		<u> </u>					
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees		Check Payable to partment of State	•
10.	OFFICERS AND DI	IRECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICER	S AND DIRECTORS IN	10
TITLE	P	☐ Delete	TITLE			☐ Change	Additio
NAME	SMITH, DON		NAME				
STREET ADDRESS	234 NW 47 AVENUE		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL	•	CITY-ST-ZIP				_
TITLE	T	□ Delete	TITLE			☐ Change	Additio
NAME	STEFFAN, JOHN		NAME				
STREET ADDRESS	1906 WILDWOOD LANE, N		STREET ADDRESS			•	
CITY-ST-ZIP	DEERFIELD BEACH FL	المراوية الإراز ويتناب وما	- CITY-ST-ZIP	٠.			م ٠٠٠
TITLE	S	☐ Delete	TITLE	_ 		☐ Change	Additio
NAME	BOGGESS, JERRY		NAME				
STREET ADDRESS	5296 NE 19 AVENUE		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP				
TITLE	T	⊠ Delete	TITLE	D		☐ Change	Additio
NAME	DOUGLAS, MACK	<u> </u>	NAME	Smith, Hank			
STREET ADDRESS	1420 N LAKE COURT		STREET ADDRESS		Brook Way		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	10341 Sleepy Boca Raton.	FL 33428		
TITLE	Ť	⊠ Delete	TITLE	D		☐ Change	X Additio
NAME	ELDER, KEN	•	NAME	Welin, Mitch	ı		
STREET ADDRESS	10436 DORCHESTER DRIVE		STREET ADDRESS	6484 N.W. 43			
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	Coral Spring		7	
TITLE		☐ Delete	TITLE		,_,	☐ Change	Additio
NAME			NAME				
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP			CITY-ST-ZIP				

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 is changed, or on an attachment with an address, with all other like empowered.

John Steffen

SIGNATURE:

DINATURE REQUIREREN & DIR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2000

95Y- 429- 94 Y 3 Daylime Phone #