2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005271

Entity Name

GRACE CHRISTIAN CHURCH, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90288 009 ****61.25

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		Mailing Address 234 N.W. 47TH AVENUE DEERFIELD BEACH FL 334						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Пс	HEUK HEDE IE W	AKING CHANGE	0
City & State		City & State			CHECK HERE IF MAKING CHANGES			
7:		- Sky d State			4. FEI Number 65	0710481		Applied For Not Applicable
Zip š	Country	Zip	Country		5. Certificate of Stat	tus Desired	\$8.75 A	dditional
6. N	ame and Address of Current R	egistered Agent			7. Name and Addre	ess of New Regist	Fee Requir	ed
			Name		wanta ana padare	355 Of New Neglac	ered Agent	
SMITH, DON	i eku e		Street /	Street Address (P.O. Box Number is Not Acceptable)			<u> </u>	
234 N.W. 47TH AVENUE DEERFIELD BEACH FL 33442					- SON HUITIDGE 13 140	- Acceptable)		
DEEM RED DEAM	JITTE 33442		<u> </u>					
			City				FL Zip Co	de
3. The above named a	entity submits this statement for t	he purpose of changing its	registered office c	r reaistere	d agent, or both, in th	e State of Florida	Lam familiar with	and second
the obligations of re	gistered agent.				-			, and doopt
SIGNATURE								
	yped or printed name of registered agent and	I title if applicable. (NOTI	E: Registered Agent signal	hura raquirad w	han reinstation)			
		 _			non romatating)		DATE	
FILE NOW: FEE IS \$61.25		Trust Fund C	mpaign Financing Contribution.		55.00 May Be added to Fees	Make C Florida De	heck Payable epartment of	to State
TO.	OFFICERS AND DIRE		11,	AC	DITIONS/CHANGES	TO OFFICERS AN	ID DIRECTORS IN	1 10
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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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SCHATURE REQUIRED

TREAS. + DIR. 1/11/03 954-429-9443