

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000005441****1. Entity Name**
AMAZING GRACE BAPTIST CHURCH OF LAND O'LAKES, FL., INC**Principal Place of Business**
CHURCH
27137 FOAMFLOWER BLVD
WESLEY CHAPEL
33544
US
Mailing Address
C/O BILL WIGGINS
3437 FALLVIEW CT
LAND O'LAKES
34639
US**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
C/O CLAUDE GREINER
5439 MILE STRETCH DR**City & State**
HOLIDAY
FL**Zip**
34690
Country
US**4. FEI Number**
59-3408229
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WIGGINS BILL
3437 FALLVIEW CT.
LAND O'LAKES
34639
US
FL**7. Name and Address of New Registered Agent**
Name
GREINER CLAUDE R
Street Address (P.O. Box Number is Not Acceptable)
5439 MILE STRETCH DR
City
HOLIDAY
FL
Zip Code
34690**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** **CLAUDE GREINER****09/06/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 | T | <input type="checkbox"/> Delete |
| NAME | MARSHALL MARILYN | |
| STREET ADDRESS | 3205 MOONLIGHT ST | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MARSHALL EDWARD | |
| STREET ADDRESS | 3205 MOONLIGHT ST | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WIGGINS BILL | |
| STREET ADDRESS | 3437 FALLVIEW CT | |
| CITY-ST-ZIP | LAND O FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREINER CLAUDE | |
| STREET ADDRESS | 5439 MILE STRETCH DR | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(f), 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:** **CLAUDE GREINER**

T

09/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)