## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 30, 2001 08:00 AM N96000006000 DOCUMENT # 1. Entity Name **Secretary of State** GRACE MINISTRIES-BRISTOL, INC. Principal Place of Business Mailing Address 243 SOLOMON ST P.O. BOX 481 BRISTOL FL BRISTOL 32321 32321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3437378 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOME LARRY Street Address (P.O. Box Number is Not Acceptable) SOLOMON ST. BRISTOL FL32321 US City 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. 04/30/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) and the second second 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME BROOME JOHN NAME STREET ADDRESS STREET ADDRESS 615 N TYNDALL PARKWAY CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FT. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROOME MARILYN NAME STREET ADDRESS STREET ADDRESS 243 SOLOMON ST. CITY-ST-ZIP BRISTOL. FI. CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BROOME LARRY NAME STREET ADDRESS STREET ADDRESS 243 SOLOMON ST CITY-ST-ZIP BRISTOL CITY-ST-ZIP FLTITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

Larry L. Broome

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04/30/2001

CR2E037 (11/00)