

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006284

1. Entity Name

GRACE FELLOWSHIP BAPTIST CHURCH OF ST. LUCIE COU

Principal Place of Business

10302 S. FEDERAL HWY.
SUITE #130
PT ST LUCIE FL 34952-5605

Mailing Address

10302 S. FEDERAL HWY.
SUITE #130
PT ST LUCIE FL 34952-5605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ARTHUR
1583 SW URBINO AVE
PT ST LUCIE FL 34953

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AARDSMA, PHIL 2551 SE MARIUS ST PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENNY, DAVID 1589 S.W. URBINO AVE PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESTER, CARL 2109 SE TRIUMPH RD. PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEILAND, GEORGE H REV 2513 SW GROTTA CIRCLE PORT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE:

Phil Aardsma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01
Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90006 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)