

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002074

1. Entity Name

PLACE OF GRACE COMMUNITY CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

9545 N. MITCHELLE DR.
CITRUS SPRINGS FL 34434
US

9545 N. MITCHELLE DR.
CITRUS SPRINGS FL 34434-3330
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3515240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WHEELER, GRANT L
9545 N. MITCHELLE DR.
CITRUS SPRINGS FL 34434

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

TITLE D ☐ Delete
NAME WHEELER, GRANT L
STREET ADDRESS 9545 N. MITCHELLE DR.
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE D ☐ Delete
NAME COOPER, DOUG
STREET ADDRESS 8223 N. SARAZEN DR.
CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE D ☒ Delete
NAME HARRELL, FRANK
STREET ADDRESS 10484 N. BURBANK AVE.
CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE D ☐ Delete
NAME BOOMERSHINE, DICK
STREET ADDRESS 8090 N. SARAZEN DR.
CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE D ☐ Delete
NAME JETER, HASKELL
STREET ADDRESS 3588 E. LAKE NINA DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE D ☐ Delete
NAME MOCOY, BOB
STREET ADDRESS 9470 N. CITRUS AVE.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Grant L. Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90001 010 ****61.25



DO NOT WRITE IN THIS SPACE

2-6-00 352-465-4882