

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003971

1. Entity Name:

GRACE COMMUNITY CHURCH OF DEFUNIAK SPRINGS, INC.

Principal Place of Business
401 N. 5TH STREET
DEFUNIAK SPRINGS FL 32433
US

Mailing Address
3418 HWY. W 183 NORTH
DEFUNIAK SPRINGS FL 32433
US

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

59-3549396

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

BUTLER, TIM
98 RASPBERRY TRAIL
DEFUNIAK SPRINGS FL 32433

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
D. CHAPMAN, PAULA
STREET ADDRESS 3927 BOB SYKES ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE NAME
NAME Chapman, Paula
STREET ADDRESS 874 Ten Lake Drive
CITY-ST-ZIP Defuniak Springs, FL 32433 ☒ Change ☐ Addition

TITLE NAME
D. MURPHY, TERRI
STREET ADDRESS 3418 HWY. 183 NORTH
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

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

TITLE NAME
D. BUTLER, TIM
STREET ADDRESS 98 RASPBERRY LANE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90095 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)