

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002354**

1. Entity Name

GRACE COVENANT MINISTRIES INTERNATIONAL, INC.**FILED****00 MAR 27 PM 3:13****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**11036 S E 62ND AVENUE
BELLEVUE FL 34420**

Mailing Address

**14181 S E 61ST AVENUE
SUMMERFIELD FL 34491-7723**

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

EIN 59-3580491

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

Name

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

City

FL

Zip Code

**WANCHIK, PETER REV.
14181 S E 61ST AVENUE
SUMMERFIELD FL 34491**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P WANCHIK, PETER 14181 S E 61ST AVENUE SUMMERFIELD FL 34491	<input type="checkbox"/>		<input type="checkbox"/>
ST WANCHIK, TOMOKO 14181 S E 61ST AVENUE SUMMERFIELD FL 34491	<input type="checkbox"/>		<input type="checkbox"/>
T Crutchfield, John 6931 SE 180th Ave Rd Ocala, FL 32179	<input type="checkbox"/>		<input type="checkbox"/>
T Gordon Hawkins 10821 S.E. 130th Ln Ocala, FL 32179	<input type="checkbox"/>		<input type="checkbox"/>
T Roth, Mark 8688 Juniper Rd Ocala, FL 34480	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

SP

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: *Peter Wanchik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACQUIRE Peter Wanchik

Date

352 307-8703

Daytime Phone #

CR2E037 (9/99)