

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90086 042 ****61.25

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DOCUMENT # N99000002354

1. Entity Name

GRACE COVENANT MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

11036 S E 62ND AVENUE
BELLEVUE FL 34420

Mailing Address

14181 S E 61ST AVENUE
SUMMERFIELD FL 34491

2. Principal Place of Business

1240 SE Hwy 484

Suite, Apt. #, etc.

unit D

3. Mailing Address

14181 SE 61st AVE

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Bellevue, FL

Zip

34480

Country

USA

Zip

34491

Country

USA

4. FEI Number

59-3580491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Peter Wanchik

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/25/2001

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 NAME	P WANCHIK, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	14181 S E 61ST AVENUE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE NAME	ST WANCHIK, TOMOKO	<input type="checkbox"/> Delete
STREET ADDRESS	14181 S E 61ST AVENUE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE NAME	T CRUTCHFIELD, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6931 S.E. 180TH AVENUE RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE NAME	T HAWKINS, GORDON	<input type="checkbox"/> Delete
STREET ADDRESS	10821 S.E. 130TH LN	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE NAME	T ROTH, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	8688 JUNIPER RD	
CITY-ST-ZIP	OCALA FL 34480	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T Pattie Roth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8688 JUNIPER RD.	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Peter Wanchik 01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-303-8703

CR2E037 (10/00)