

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002393

1. Entity Name

GRACE CHRISTIAN ARTS MINISTRIES, INC.

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

03-31-2000 90068 032 ****70.00

Principal Place of Business

Mailing Address

903 MAIN STREET
NOMA FL 32452

903 MAIN STREET
NOMA FL 32452

2. Principal Place of Business

1077 Main St

3. Mailing Address

PO Box 39

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Noma 71

City & State

Noma 71

4. FEI Number

59-3570733

Applied For

Not Applicable

Zip

32452-0039

Country

USA

Zip

32452-0039

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PD ☐ Delete
NAME BAILEY, DAVID R
STREET ADDRESS 903 MAIN STREET
CITY-ST-ZIP NOMA FL 32452

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

TITLE VSTD ☐ Delete
NAME BAILEY, VICKY D
STREET ADDRESS 903 MAIN STREET
CITY-ST-ZIP NOMA FL 32452

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

TITLE D ☐ Delete
NAME BAILEY, MICHAEL D
STREET ADDRESS 903 MAIN STREET
CITY-ST-ZIP NOMA FL 32452

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

TITLE D ☐ Delete
NAME BAILEY, KIMBERLY L
STREET ADDRESS 903 MAIN STREET
CITY-ST-ZIP NOMA FL 32452

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CE 10:17 (MPT)

To whom it may Concern

Due to 911 being activated in
Helmes County the address for
Grace Christian Auto ministries Inc
has been changed from one
st # to another.

Thank you.

Vickey Bailey