

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91158 039 ****61.25

553709



DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000004898

1. Entity Name

GRACE COVENANT CHURCH OF SARASOTA, INC.

Principal Place of Business

**5530 W LONG COMMON CT
 SARASOTA FL 34235**

Mailing Address

**5530 W LONG COMMON CT
 SARASOTA FL 34235**

2. Principal Place of Business

5318 Colony Meadows Ln

Suite, Apt. #, etc.

3. Mailing Address

5318 Colony Meadows Lane

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0943142

Applied For

Not Applicable

Zip

34233

Country

Sarasota

Zip

34233

Country

Sarasota

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, FUREN ET AL
 2033 MAIN ST, SUITE 600
 SARASOTA FL 34237**

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

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

(NOT 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 **PD** ☐ Delete
 NAME **HAFFLEFINGER, JOHN**
 STREET ADDRESS **5828 DEAR HOLLOW LANE E**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VPD** ☐ Delete
 NAME **CASTELLANI, MARK**
 STREET ADDRESS **4549 CHIMNEY CREEK DR**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **SD** ☐ Delete
 NAME **ERNST, CHERYL**
 STREET ADDRESS **1838 BROOKHAVEN DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Hefflefinger, John**
 STREET ADDRESS
 CITY-ST-ZIP **(Name misspelled)**

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

TITLE ☐ Change ☐ Addition
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 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: **John Hefflefinger**

5-20-01

941-371-0658

CR2E037 (10/00)