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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752238 (6)

1. Corporation Name

GRACE BAPTIST CHURCH OF EAST SPRINGFIELD

Principal Place of Business	Mailing Address
1608 E. 21ST STREET % CLINTON JAMES JACKSONVILLE FL 32206 US	1608 E. 21ST STREET % CLINTON JAMES JACKSONVILLE FL 32206 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 01/24/1994
4. FEI Number: ~~APPLIED FOR~~ 59-2469793 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLINTON, JAMES
1612 E 25TH ST
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	GOGGINS, HAROLD R	1.2 NAME	DEWEY SR., ERNEST
STREET ADDRESS	8615 SAMONA DR W	1.3 STREET ADDRESS	1617 STAFFORD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32208
TITLE	D	2.1 TITLE	X Co-CD ☐ Change ☒ Addition
NAME	AXON, WILLIE	2.2 NAME	SUTTON, ULYSEES
STREET ADDRESS	1133 E 27TH ST	2.3 STREET ADDRESS	1602 EAST 19ST. STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32206
TITLE	CD	3.1 TITLE	D ☐ Change ☒ Addition
NAME	JAMES, CLINTON	3.2 NAME	Starling, Herbert
STREET ADDRESS	1612 E 25TH ST	3.3 STREET ADDRESS	9408 FINCH AVENUE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32219
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	BAILEY, BOOKER T	4.2 NAME	GOGGINS, NEPTUNE
STREET ADDRESS	2123 BENNETT ST	4.3 STREET ADDRESS	1331 EAST 30TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32206
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	BAILEY, CURTIS	5.2 NAME	GIBBS, ARCHIE H.
STREET ADDRESS	1024 ARDOON	5.3 STREET ADDRESS	1548 EAST 21st STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32206
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clinton James, *Clinton James, 1/17/95 354014*
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0001304