

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752238 (6)
1. Corporation Name
GRACE BAPTIST CHURCH OF EAST SPRINGFIELD, INC.



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

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-2469793
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GOGGINS, HAROLD R	
STREET ADDRESS: 8615 SAMONA DR W	
CITY-ST-ZIP: JACKSONVILLE, FL 00000	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: AXON, WILLIE	
STREET ADDRESS: 1133 E 27TH ST	
CITY-ST-ZIP: JACKSONVILLE, FL 00000	
TITLE: CD	<input type="checkbox"/> DELETE
NAME: JAMES, CLINTON	
STREET ADDRESS: 1612 E 25TH ST	
CITY-ST-ZIP: JACKSONVILLE, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BAILEY, BOOKER T	
STREET ADDRESS: 2123 BENNETT ST	
CITY-ST-ZIP: JACKSONVILLE, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BAILEY, CURTIS	
STREET ADDRESS: 1024 ARDOON	
CITY-ST-ZIP: JACKSONVILLE, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: DEWEY, ERNEST S	
STREET ADDRESS: 1617 STAFFORD RD	
CITY-ST-ZIP: JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME: GIBBS, ARCHIE H.	
13 STREET ADDRESS: 1548 EAST 21ST STREET	
14 CITY-ST-ZIP: JACKSONVILLE, FL 32206	
21 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME: STARLING, HERBERT L.	
23 STREET ADDRESS: 8408 FINCH AVENUE EAST	
24 CITY-ST-ZIP: JACKSONVILLE, FL 32219	
31 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: GOGGINS, NEPTUNE	
33 STREET ADDRESS: 1331 EAST 30TH STREET	
34 CITY-ST-ZIP: JACKSONVILLE, FL 32206	
41 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME: JENKINS SR., STEVEN	
43 STREET ADDRESS: 937 HURON STREET	
44 CITY-ST-ZIP: JACKSONVILLE, FL 32209	
51 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME: WRIGHT, MICHAEL	
53 STREET ADDRESS: 226 WEST 11TH STREET	
54 CITY-ST-ZIP: JACKSONVILLE, FL 32206	
61 TITLE: CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME: SUTTON, ULYSSES	
63 STREET ADDRESS: 1602 EAST 19ST. STREET	
64 CITY-ST-ZIP: JACKSONVILLE, FL 32206	

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)(k), 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 Jan. 23, 1996 (904) 356-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)