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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1608 E. 21ST STREET % CLINTON JAMES JACKSONVILLE FL 32206 US	1608 E. 21ST STREET % CLINTON JAMES JACKSONVILLE FL 32206-2523 US

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21 1553 E. 21st. Street
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, Florida
24 Zip: 32206
25 Country: Duval

2a. Mailing Address
26 1553 E. 21st Street
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, Florida
29 Zip: 32206
30 Country: Duval

4. FEI Number: 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	GOGGINS, HAROLD R		1.2 NAME	Martin Baptiste Sr.	
STREET ADDRESS	8615 SAMONA DR W		1.3 STREET ADDRESS	5908 Ensenada Road	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jacksonville, Fla.	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STARLING, HERBERT L		2.2 NAME		
STREET ADDRESS	8408 FINCH AVENUE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, CLINTON		3.2 NAME		
STREET ADDRESS	1612 E 25TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, BOOKER T		4.2 NAME		
STREET ADDRESS	2123 BENNETT ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, CURTIS		5.2 NAME		
STREET ADDRESS	1024 ARDOON		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEWEY, ERNEST S		6.2 NAME		
STREET ADDRESS	1617 STAFFORD RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 SIGNATURE REQUIRED Jan. 7, 1996 (904) Ph. 356-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0004784