SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07-09-1999 90002 009 ****61.25
99 JUL 23 PM 2:57

DOCUMENT # 752238

1. Corporation Name
GRACE BAPTIST CHURCH OF EAST SPRINGFIELD, INC.

584596 - 90002 - 9

Principal Place of Business	Mailing Address
1553 EAST 21ST STREET JAX FL 32206 US	1553 EAST 21ST STREET JAX FL 32206 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

3. Date Incorporated or Qualified: 04/30/1980

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

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		
TLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
AME	GOGGINS, HAROLD R		1.2 NAME	Tyrome N. Clark	
TREET ADDRESS	8615 SAMONA DR W		1.3 STREET ADDRESS	4313 Plaza Gate Ln. #202	
ITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jax, Florida 32217	
TLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
AME	BAPTISTE SR, MARTIN		2.2 NAME		
TREET ADDRESS	5908 ENSENADA ROAD		2.3 STREET ADDRESS		
TY-ST-ZIP	JAX FL		2.4 CITY-ST-ZIP		
TLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
AME	JAMES, CLINTON		3.2 NAME		
TREET ADDRESS	1612 E 25TH ST		3.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP		
TLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
AME	BAILEY, BOOKER T		4.2 NAME		
TREET ADDRESS	2123 BENNETT ST		4.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP		
TLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
AME	BAILEY, CURTIS		5.2 NAME		
TREET ADDRESS	1024 ARDOON		5.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP		
TLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
AME	DEWEY, ERNEST S		6.2 NAME		
TREET ADDRESS	1617 STAFFORD RD		6.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

$97/30

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: Clinton S [illegible] 7-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #