# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 752238

1. Entity Name

GRACE BAPTIST CHURCH OF EAST SPRINGFIELD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1553 EAST 21ST STREET<br>JAX FL 32206<br>US | 1553 EAST 21ST STREET<br>JAX FL 32206<br>US |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2469793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GIBBS, ARCHIE H
1548 21ST EAST
JACKSONVILLE FL 32206

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>CLARK, TYROME N<br>4313 PLAZA GATE 1N #202<br>JACKSONVILLE FL 32217 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100000027804<br>02/03/04-80061-016 70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAPTISTE SR, MARTIN<br>5908 ENSENADA ROAD<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>JAMES, CLINTON<br>1612 E 25TH ST<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAILEY, BOOKER T<br>2123 BENNETT ST<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAILEY, CURTIS<br>1024 ARDOON<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEWEY, ERNEST S<br>1617 STAFFORD RD<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Archie H Gibbs 1/27/04 (904) 358-0476