2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90035 006 ****70.00

DOCUMENT # 752238

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

50007989

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

01182005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
GIBBS, ARCHIE H 1548 21ST EAST JACKSONVILLE, FL 32208	Name Deac. Archie H. Gibbs Street Address (P.O. Box Number is Not Acceptable) 1140 Blue Hill Drive North City Jacksonville FL Zip Code 32218

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 Archie H Gibbs Chairman Jan. 18, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 CLARK, TYROME N 4313 PLAZA GATE 1N #202 JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAPTISTE SR, MARTIN 5908 ENSENADA ROAD JACKSONVILLE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Ulysees Sutton SR. 1602 East 19th Street Jacksonville, Fl. 32206	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JAMES, CLINTON 1612 E 25TH ST JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Charlie J. Lyon 11761 Biscayne Blvd Jacksonville Fl. 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, BOOKER T 2123 BENNETT ST JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, CURTIS 1024 ARDOON JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEWEY, ERNEST S 1617 STAFFORD RD 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: Clinton James Deacon 1-18-05 (904) 356-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #