

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 771076

1. Entity Name
**GRACE BAPTIST CHURCH OF BELLEVIEW, FLORIDA,
INC.**



Principal Place of Business
**10835 SE 70TH AVE
BELLEVIEW, FL 32620 US**

Mailing Address
**P.O. BOX 1329
BELLEVIEW, FL 34421-1329 US**



08042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-2567245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CULPEPPER, ROCKY PASTOR
6540 SE 85TH LANE
OCALA, FL 34472**

**DO NOT WRITE
IN THIS SPACE**

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

Rocky Culpepper
Signature, typed or printed name of registered agent, and title, if applicable

Rocky Culpepper
(NOTE: Registered agent signature required when reinstating)

8/10/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MAHNKEN, RICHARD
STREET ADDRESS	5761 SE 22ND PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	MCCLURE, ROBERT
STREET ADDRESS	11111 SE 44TH AVE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	T
NAME	MILLARD, JACK
STREET ADDRESS	7121 S.E. 95TH LN
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/17/05-80002-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Richard C. Mahnken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/05
Date

Daytime Phone #