

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007566

FILED
Apr 06, 2006
Secretary of State

Entity Name: GRACE COVENANT SOUTHERN BAPTIST CHURCH, INC.

Current Principal Place of Business:

4471 US HWY 90 WEST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

4471 US HWY 90 WEST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-1589160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVE
377 NW LONA LOOP
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYERLEY, GARY
Address: 4390 100TH STREET
City-St-Zip: WELLBORN, FL 32094

Title: VP () Delete
Name: SMITH, STEVE
Address: 377 NW LONA LOOP
City-St-Zip: LAKE CITY, FL 32055

Title: SEC () Delete
Name: JOHNS, SCOTT
Address: 4471 US HWY 90 WEST
City-St-Zip: LAKE CITY, FL 32055

Title: TRES () Delete
Name: BARBER, DAVID
Address: SW CO RD 242
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: BARBER, DAVID
Address: 188 SW SANDPIPER CT.
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BYERLEY

P

04/06/2006

Electronic Signature of Signing Officer or Director

Date