

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752238

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

Current Principal Place of Business:

1553 EAST 21ST STREET
JAX, FL 32206

Current Mailing Address:

1553 EAST 21ST STREET
JAX, FL 32206 US

FEI Number: 59-2469793

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GIBBS, ARCHIE H
1140 BLUE HILL DRIVE NORTH
JACKSONVILLE, FL 32218 US

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

Officer/Director Detail :

Title DEACON
Name SUTTON, ULYSEES SR.
Address 1602 EAST 19TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DEACON, TREASURER
Name BAILEY, BOOKER T
Address 2123 BENNETT ST
City-State-Zip: JACKSONVILLE FL 32206

Title DEACON
Name DEWEY, ERNEST S
Address 1617 STAFFORD ROAD
City-State-Zip: JACKSONVILLE FL 32218

Title DEACON
Name SUTTON, U.L.
Address 10879 KRUGERRAND LN.
City-State-Zip: JACKSONVILLE FL 32218

Title CHAIRMAN, DEACON
Name GIBBS, ARCHIE H
Address 1140 BLUE HILL DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32218

Title VC, DEACON
Name BAILEY, CURTIS
Address 4877 ORTEGA FARMS BLVD.
City-State-Zip: JACKSONVILLE FL 32210

Title DEACON
Name JONES, DAREN
Address 3510 RAYMUR VILLA DR.
City-State-Zip: JACKSONVILLE FL 32277

Title PASTOR
Name DEVOE, JOHN JR.
Address 4579 CAPE SABLE CT.
City-State-Zip: JACKSONVILLE FL 32277

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: U.L. SUTTON

DEACON

03/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON
Name NEWBERRY, THOMAS
Address 1419 WEST 11TH ST.
City-State-Zip: JACKSONVILLE FL 32209

Title DEACON
Name BOYD, ELIJAH
Address 110 WEST 63RD ST.
City-State-Zip: JACKSONVILLE FL 32208

Title DEACON
Name BORDEN, ERNEST JR.
Address 3367 ALTAMONT AVENUE
City-State-Zip: JACKSONVILLE FL 32208