

2016 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, ULYSES SR.
Address	1602 EAST 19TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

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

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

Title	DEACON
Name	BAILEY, CURTIS
Address	1024 ARDOON STREET
City-State-Zip:	JACKSONVILLE FL 32208

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

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

Title	DEACON
Name	GOGGINS, NEPTUNE
Address	1331 EAST 30TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

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

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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: ARCHIE H. GIBBS**CHAIRMAN****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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