

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 049 ****70.00

DOCUMENT # 718412

1. Entity Name

GRACE BIBLE BAPTIST CHURCH, INC.



Principal Place of Business

1703 W. LEWIS ROAD
POST OFFICE BOX 700NA
FRUITLAND PARK FL 34731
US

Mailing Address

LEWIS ROAD OFF HIGHWAY 468
PO BOX 700
FRUITLAND PARK FL 34731-0700

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

59-1584634

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULFORD, GEORGE A. I
1703 LEWIS RD
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MULFORD, GEORGE A 111	
STREET ADDRESS	1703 LEWIS RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	V	<input type="checkbox"/> Delete
NAME	WNUK, JEROME P	
STREET ADDRESS	2010 VINE ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KREAMER, CLIFTON G	
STREET ADDRESS	2617 CARIBE DR.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAUSE, STAN	
STREET ADDRESS	33719 OVERTON	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOCHSTETLER, DENNIS	
STREET ADDRESS	121 AZALEA TRL.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEITZ, KENNETH R	
STREET ADDRESS	25200 RIVER CREST DR.	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLETT, BRUCE	
STREET ADDRESS	110 N. DIXIE AVE.	
CITY-ST-ZIP	FRUITLAND, PARK, FL 34731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMOND, WALTER F.	
STREET ADDRESS	4037 BERGEN HALL RD.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAURE, GEORGE C.	
STREET ADDRESS	25315 Hibiscus St.	
CITY-ST-ZIP	LEESBURG, FL 34731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARTIN, EDWARD E.	
STREET ADDRESS	35437 OLD LAKE UNITY RD	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, ROBERT L.	
STREET ADDRESS	400 CAMELLIA DR.	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITZ, KENNETH R.	
STREET ADDRESS	25200 RIVER CREST DR.	
CITY-ST-ZIP	LEESBURG, FL 34748	

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:

Rev. George A. Mulford III

Rev. George A. Mulford III

3/8/05

(352) 326-5738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #