

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 042 ****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

1st MOORE

CR2E037 (10/05)

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, 2006

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 NAME | P MULFORD, GEORGE A 111 | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1703 LEWIS RD | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE NAME | V WNUK, JEROME P | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2010 VINE ST. | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE NAME | TD KREAMER, CLIFTON G | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2617 CARIBE DR. | |
| CITY - ST - ZIP | LADY LAKE FL 32159 | |
| TITLE NAME | SD GAUSE, STAN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 33719 OVERTON | |
| CITY - ST - ZIP | LEESBURG FL 34788 | |
| TITLE NAME | D COLLETT, BRUCE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 110 N DIXIE AVE | |
| CITY - ST - ZIP | FRUITLAND PARK FL 34731 | |
| TITLE NAME | D HEITZ, KENNETH R | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 25200 RIVER CREST DR. | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|---------------------------|--|
| TITLE NAME | TD GAUSE, STAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 33719 OVERTON DRIVE | |
| CITY - ST - ZIP | LEESBURG FL 34788 | |
| TITLE NAME | SD PARTIN, EDWARD E. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 35437 OLD LAKE-UNITY ROAD | |
| CITY - ST - ZIP | FRUITLAND PARK FL 34731 | |
| TITLE NAME | D CLARK, WARREN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 619 GRAND VISTA TRAIL | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE NAME | D FAURÉ, GEORGE C. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 25315 HIBISCUS STREET | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE NAME | D HOWARD, DALE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 308 BENTWOOD | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/14/06

(352) 326-5738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #