

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 732708

1. Entity Name
THE GRACE BAPTIST CHURCH OF QUINCY, INC.



Principal Place of Business
5411 GREENSBORO HWY
QUINCY, FL 32351

Mailing Address
5411 GREENSBORO HWY
QUINCY, FL 32351



01062006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-1843745
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, HAROLD L
5411 GREENSBORO HWY
QUINCY, FL 32351

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000413928
02/11/06-20013-019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLIS, LEON H
5411 GREENSBORO HWY
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BEACH, ROBERT
9757 HOSFORD RD
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FINUFF, MONROE
RT. 5 BOX 558
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HAYES, WAYNE
4765 ATTAPULGAS HWY
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TOLAR, GERALD
RT. 2 BOX 152C
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert Beach, Treas.* 1/25/06 850-875-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #