

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735410

FILED
Feb 07, 2007
Secretary of State

Entity Name: GRACE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

GRACE MISSION BAPTIST CHURCH
4411 SPRING BANK ROAD
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

GRACE MISSIONARY BAPT CHURCH
P O BOX 1126
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 05-0017600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPURGEON, HAYES
5621 DRAKE LOOP
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SPURGEON, HAYES
Address: 5621 DRAKE LOOP
City-St-Zip: MIDDLEBURG, FL 32068

Title: VT () Delete
Name: ODDY, WILLIAM
Address: 3384 WALL ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: TODE, LARRY
Address: 2115 RAYMONDS PLACE
City-St-Zip: GREEN COVE SPRINGS, FL

Title: ST () Delete
Name: TODE, LARRY
Address: 2115 RAYMONDS PLACE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY TODE

S

02/07/2007

Electronic Signature of Signing Officer or Director

Date