


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752238</b> 1. Entity Name <b>GRACE BAPTIST CHURCH OF EAST SPRINGFIELD, INC.</b>	
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Principal Place of Business <b>1553 EAST 21ST STREET JAX, FL 32206 US</b>	Mailing Address <b>1553 EAST 21ST STREET JAX, FL 32206 US</b>
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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2469793</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GIBBS, ARCHIE H 1140 BLUE HILL DRIVE NORTH JACKSONVILLE, FL 32218</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARK, TYROME N 4313 PLAZA GATE 1N #202 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEA SUTTON, ULYSSS SR. 1602 EAST 19TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JAMES, CLINTON 1612 E 25TH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BOOKER T 2123 BENNETT ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CURTIS 1024 ARDOON JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWEY, ERNEST S 1617 STAFFORD RD JACKSONVILLE, FL

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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.

<b>SIGNATURE:</b> <u><i>Archie H. Gibbs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>JAN. 10, 2007</i></u> <u><i>(904) 354-2941</i></u> <small>Date Daytime Phone #</small>
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