


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 025 ****70.00

| | | | | | |
|--|-------------------------|---|---|--|--|
| DOCUMENT # 752238 1. Entity Name GRACE BAPTIST CHURCH OF EAST SPRINGFIELD, INC. | | | |  | |
| Principal Place of Business 1553 EAST 21ST STREET JAX, FL 32206 US | | | Mailing Address 1553 EAST 21ST STREET JAX, FL 32206 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2469793 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GIBBS, ARCHIE H 1140 BLUE HILL DRIVE NORTH JACKSONVILLE, FL 32218 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when renewing) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLARK, TYROME N | | NAME | | |
| STREET ADDRESS | 4313 PLAZA GATE 1N #202 | | STREET ADDRESS | | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32217 | | CITY - ST - ZIP | | |
| TITLE | DEA | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SUTTON, ULYSSS SR. | | NAME | | |
| STREET ADDRESS | 1602 EAST 19TH STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32206 | | CITY - ST - ZIP | | |
| TITLE | CD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JAMES, CLINTON | | NAME | | |
| STREET ADDRESS | 1612 E 25TH ST | | STREET ADDRESS | | |
| CITY - ST - ZIP | JACKSONVILLE, FL | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAILEY, BOOKER T | | NAME | | |
| STREET ADDRESS | 2123 BENNETT ST | | STREET ADDRESS | | |
| CITY - ST - ZIP | JACKSONVILLE, FL | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAILEY, CURTIS | | NAME | | |
| STREET ADDRESS | 1024 ARDOON | | STREET ADDRESS | | |
| CITY - ST - ZIP | JACKSONVILLE, FL | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEWEY, ERNEST S | | NAME | | |
| STREET ADDRESS | 1617 STAFFORD RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | JACKSONVILLE, FL | | CITY - ST - ZIP | | |
| 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: <u>Archie H Gibbs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | CHAIRMAN of DECON 1-13-2008 (904) 696-6778 <small>Date Daytime Phone #</small> | | |