

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 040 ****61.25

DOCUMENT # 759492 1. Entity Name GRACE BAPTIST CHURCH OF GAINESVILLE, INC.					
Principal Place of Business 7100 NW 39TH AVE GAINESVILLE, FL 32606 US			Mailing Address 7100 NW 39TH AVE GAINESVILLE, FL 32606 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2140506	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOWNSEND, BILL 12317 NW MILLHOPPER RD GAINESVILLE, FL 32606			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	D ADAMSON, JAY 12020 SW 8TH AVENUE GAINESVILLE, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, CARLTON 4913 NE 77 AVE GAINESVILLE, FL 32609		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOWNSEND, BILL 12317 N.W. MILLHOPPER RD. GAINESVILLE, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEHRMAN, HARRY 4826 NW 34TH DRIVE GAINESVILLE, FL 32605		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FEHRMAN, HARRY 4826 NW 34TH DRIVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C VINCENT, BETTY SUE 5730 NW 67TH CT GAINESVILLE, FL 32653		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VINCENT, BETTY SUE 5730 NW 67TH CT GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, DAVID 2404 NW 46TH TERRACE GAINESVILLE, FL 32606		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Charles W. Townsend</i> Charles W. Townsend 3/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					