

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90011 005 \*\*\*\*61.25



**DOCUMENT # 766438**  
1. Entity Name  
**GRACE BAPTIST CHURCH OF PONCE DE LEON, INC.**

Principal Place of Business  
**1474 AMMONS  
PONCE DE LEON FL 32455**

Mailing Address  
**1474 AMMONS  
10079 STATE HWY 834  
PONCE DE LEON FL 32455**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1474 AMMONS Rd**  
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
**PONCE DE LEON FL**

City & State  
**PONCE DE LEON FL**

Zip Country  
**32455 Holmes**

4. FEI Number  
**59-2902209**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KINKEY, ARTHUR JR  
10079 STATE HWY 834  
DEFUNIAK SPRINGS FL 32433**

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 Arthur Kinkey Jr. Arthur C. Kinkey Jr. 6 Feb 06  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'STEEN, RANDY 2816 OLD MILL RD PONCE DE LEON FL 32455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, HARVEY 2253 N HWY 181 WESTVILLE FL 32464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINKEY, CHARLES 53 SULLIVAN STREET DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KINKEY, ARTHUR C., JR. 10079 STATE HWY. 83 DEFUNIAK SPRGS. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, PAUL 2277 N HIGHWAY 181 WEST VILLE FL 32464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, JOE 1867 OLD MT ZION RD PONCE DE LEON FL 32455	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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: Arthur Kinkey Jr. Arthur Kinkey Jr. 6 Feb 06 850 859-2251