

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005108

1. Entity Name

GRACE COMMUNITY BAPTIST CHURCH OF CHATTAHOOCHEE, INC.

Principal Place of Business

Mailing Address

201 WEST WASHINGTON STREET
CHATTAHOOCHEE FL 32324

201 WEST WASHINGTON STREET
CHATTAHOOCHEE FL 32324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3633740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACE, JOSEPH R
17 SOUTH STREET
CHATTAHOOCHEE FL 32324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PACE, JOSEPH R
STREET ADDRESS 17 SOUTH ST
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ Change ☒ Addition
NAME Ruth M. Edwards
STREET ADDRESS 329 Dell Road
CITY-ST-ZIP Bainbridge, GA 31717

TITLE ☐ Delete
NAME RYALS, JOHN D
STREET ADDRESS 1932 BOOSTER CLUB ROAD
CITY-ST-ZIP BAINBRIDGE GA 31717

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME BRADLEY, JOSEPH T JR
STREET ADDRESS 411 MORGAN AVE
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED Joseph R. Pace

Date

Daytime Phone #

850-663-8800

CR2E037 (9/01)