2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 29, 2004 08:00 AM DOCUMENT # N0000005108 **Secretary of State** 1. Entity Name GRACE COMMUNITY BAPTIST CHURCH OF CHATTAHOOCHEE, INC. Mailing Address Principal Place of Business 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. CR2E037 (11/03) MOORE City & State Applied For 4. FEI Number City & State 59-3633740 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PACE, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 17 SOUTH STREET CHATTAHOOCHEE FL 32324 City 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 1 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TOLE TITLE ☐ Delete PACE, JOSEPH R U000000021322 NAME NAME 17 SOUTH ST STREET ADDRESS 01/29/04-80103-004 61.25 STREET ADDRESS CHATTAHOOCHEE FL 32324 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE RYALS, JOHN D NAME NAME 1932 BOOSTER CLUB ROAD STREET ADDRESS STREET ADDRESS BAINBRIDGE GA 31717 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE EDWARDS, RUTH M NAME NAME 329 DELL ROAD STREET ADDRESS STREET ADDRESS BAINBRIDGE GA 31717 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIBLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 eath, 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.

1/21/04 850-627-9657

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SIGNATURE