


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

**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



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-3633740**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**PACE, JOSEPH R  
17 SOUTH STREET  
CHATTAHOOCHEE FL 32324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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          | T                      | <input type="checkbox"/> Delete |
| NAME           | PACE, JOSEPH R         |                                 |
| STREET ADDRESS | 17 SOUTH ST            |                                 |
| CITY-ST-ZIP    | CHATTAHOOCHEE FL 32324 |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | RYALS, JOHN D          |                                 |
| STREET ADDRESS | 1932 BOOSTER CLUB ROAD |                                 |
| CITY-ST-ZIP    | BAINBRIDGE GA 31717    |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | EDWARDS, RUTH M        |                                 |
| STREET ADDRESS | 329 DELL ROAD          |                                 |
| CITY-ST-ZIP    | BAINBRIDGE GA 31717    |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                          |   |
|----------------|--------------------------|---|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS | U00000216233             |   |
| CITY-ST-ZIP    | 02/05/05-80040-009 61.25 |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY-ST-ZIP    |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY-ST-ZIP    |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:** *Andrew L. Ryals*      **2-1-05**      **889 662-2874**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #