

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005108

1. Entity Name
GRACE COMMUNITY BAPTIST CHURCH OF
CHATTAHOOCHEE, INC.



Principal Place of Business
201 WEST WASHINGTON STREET
CHATTAHOOCHEE, FL 32324

Mailing Address
201 WEST WASHINGTON STREET
CHATTAHOOCHEE, FL 32324



01182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3633740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAGE, JOSEPH R
17 SOUTH STREET
CHATTAHOOCHEE, FL 32324

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when retreating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PAGE, JOSEPH R
17 SOUTH ST
CHATTAHOOCHEE, FL 32324

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
EDWARDS, RUTH M
329 DELL ROAD
BAINBRIDGE, GA 31717

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000412633
02/10/06-80056-006 61.25

DO NOT WRITE
IN THIS SPACE

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:

Joseph R. Page

1-26-06 229 662-5651