2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

	ANNUAL		Secretary of Star					
DOCUMENT # N0000005108 1. Entity Name				A6		Secretary of S	ota	
GRACE COMMUNITY BAPTIST CHURCH (CHATTAHOOCHEE, INC.								
201 WEST WASHINGTON STREET 201		201 WES	ling Address 1 West Washington Street Attahoochee, FL 32324		17881/81 81 8911 8	NIN NAKIN NAKII NAMI NAMI NAKIN NAKIN NAKI RING KARIN NAKI	!	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing	Mailing Address					
Suite, Apt. #, etc		Suite, A	Apt. #, etc.		01052007 Ch	g-NP CR2E037 (12/06)		
City & State			City & State		4. FEI Number 59-363374	Applied Fo		
Zip Country Zip		Zip	Country		5. Certificate of Sta	S. Certificate of Status Desired		
	6. Name and Address of Current	Registered A	gent		7. Name and Addr	ess of New Registered Agent		
PACE, JOSEPH R				Name				
17 SOUTH STREET CHATTAHOOCHEE, FL 32324				Street Add	Street Address (P.O. Box Number is Not Acceptable)			
				City	City FL Zip Code			
	named entity submits this statement for tigns of registered agent. Signature yiped or printed name of registered agen.	Za a	p 	gistered office or re		he State of Florida. I am familiar with, and acc	ept	
Filing Fee Is \$61.25 9. Election Campaign Fi						Make check payable to		
	Due by May 1, 2007		Trust Fund Cor	ntribution.	710000101000	Florida Department of State		
10.	OFFICERS AND DI	RECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 10		
NAME SIREET ADDRESS CITY-ST-ZIP	T PACE, JOSEPH R 17 SOUTH ST CHATTAHOOCHEE, FL 32324		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	0	U00000598715 ^{□ Change} □ Ad 11/24/07-80087-018 61.25	dition	
TITLE	T RYALS, JOHN D		☐ Delete	TITLE	······································	Change Add		
STREET ADDRESS				41444			dition	
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CITY-ST-ZIP	1932 BOOSTER CLUB ROAD BAINBRIDGE, GA 31717		C Police	STREET ADDRESS CITY-ST-ZIP				
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12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 太

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

To sept R. Aure 1/18/07

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