

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90158 027 \*\*\*\*61.25

**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**

**90027222**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3633740**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PACE, JOSEPH R</b>	
STREET ADDRESS	<b>17 SOUTH ST</b>	
CITY-ST-ZIP	<b>CHATTAHOOCHEE FL 32324</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RYALS, JOHN D</b>	
STREET ADDRESS	<b>1932 BOOSTER CLUB ROAD</b>	
CITY-ST-ZIP	<b>BAINBRIDGE GA 31717</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, RUTH M</b>	
STREET ADDRESS	<b>329 DELL ROAD</b>	
CITY-ST-ZIP	<b>BAINBRIDGE GA 31717</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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)(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 2/12/03 850 663-4755*

CR2E037 (10/02)

0067061