

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007494

1. Entity Name
GRACE BAPTIST CHURCH OF OCKLAWAHA, INC.



Principal Place of Business
12050 S.E. 134TH CT.
OCKLAWAHA, FL 32179

Mailing Address
PO BOX 178
OCKLAWAHA, FL 32183



02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0598020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, TOMMY
12063 SE 133RD TERR.
OCKLAWAHA, FL 32179

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PD SMITH, TOMMY 12063 S.E. 133RD TERR. OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHOEMAKER, RONALD A 11567 S.E. 123RD ST. BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERDUE, CHARLES 5220 S.E. 26TH CT. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULIN, RICHARD 455 E MILLS AVE. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000235168
02/18/05-80049-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #