2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2006 08:00 AM DOCUMENT # N00000007494 1. Entity Name **Secretary of State** GRACE BAPTIST CHURCH OF OCKLAWAHA, INC. Principal Place of Business Mailing Address 12050 S.E. 134TH CT PO BOX 178 OCKLAWAHA FL 32179 OCKLAWAHA FL 32183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 01-0598020 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, TOMMY Street Address (P.O. Box Number is Not Acceptable) 12063 SE 133RD TERR. OCKLAWAHA FL 32179 City Zio 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 types or profind name of registered agent and title if approache DATE (NOTE: Registered Agent signature required when remainding) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PΩ Meg ☐ Delete REU ☐ Addition U00000483447 SMITH, TOMMY STREET ADDRESS 12063 S.E. 133RD TERR. STREET ADDRESS 04/11/06-80122-006 61.25 OCKLAWAHA FL 32179 CITY-ST-ZIP CITY-ST-21P ☐ Change Add:tion TITLE ☐ Defete TITLE SHOEMAKER, RONALD A NAME NAME 11567 S.E. 123RD ST. STREET ADDRESS STREET ADDRESS BELLEVIEW FL 34420 CITY-ST-70 CITY-ST-ZIP SD ☐ Detote Change ☐ Addition PERDUE, CHARLES NAME MARKE 5220 S.E. 26TH CT. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP **OCALA FL 34471** CITY - ST - 75P TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PAULIN, RICHARD NAME STREET ADDRESS 455 E MILLS AVE. STREET ADDRESS CiTY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP Addition 🔲 TITLE ☐ Detete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 13781 ☐ Delete HILF ☐ Change ☐ Addiller NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 tike-empowered.

SIGNATURE: (Signature)