

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006419

FILED
Apr 04, 2005
Secretary of State

Entity Name: GRACE COMMUNITY BAPTIST CHURCH OF GILCHRIST COUNTY, INC.

Current Principal Place of Business:

1579 NE 100 ST
GILCHRIST CITY, FL 32008

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 845
BRANFORD, FL 32008

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, ROBERT LEE
89 NE 112TH PLACE
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINOCHIO, JUANENE
Address: 900 NW CR 138
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: ELLIS, BUDDY
Address: PO BOX 714
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: PHILLIPS, ROBERT L
Address: 89 NE 112TH PLACE
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: KRAMME, MARVIN
Address: 2009 COUNTY ROAD 138
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. PHILLIPS

D

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date