

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

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90017 042 \*\*\*\*61.25

**DOCUMENT # N04000004733**

1. Entity Name

GRAND RIDGE BAPTIST CHURCH, INC.



Principal Place of Business

2093 PORTER AVE  
GRAND RIDGE FL 32442

Mailing Address

P.O. BOX 380  
GRAND RIDGE FL 32442



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2352441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DON  
6495 GOODWIN CIR  
GRAND RIDGE FL 32442

7. Name and Address of New Registered Agent

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

*Don Johnson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3-1-06

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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

TITLE	O	JOHNSON, DON	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		6495 GOODWIN CIR	
CITY - ST - ZIP		GRAND RIDGE FL 32442	

TITLE	O	FELLOWS, CLYDE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		P.O. BOX 516	
CITY - ST - ZIP		GRAND RIDGE FL 32442	

TITLE	O	DICKSON, C.A.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1926 BIRCHWOOD RD	
CITY - ST - ZIP		GRAND RIDGE FL 32442	

TITLE	O	HUGHES, JOHN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		6628 OLD SPANISH TR	
CITY - ST - ZIP		GRAND RIDGE FL 32442	

TITLE	O	NEEL, OLIVIA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		3020 CYPRESS GROVE RD	
CITY - ST - ZIP		GRAND RIDGE FL 32442	

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	Treasurer		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neel, Bill		
STREET ADDRESS	3023 Cypress Grove Rd.		
CITY - ST - ZIP	Grand Ridge, FL 32442		

TITLE	Trustee		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Croft, Charlie		
STREET ADDRESS	3681 Hwy 69		
CITY - ST - ZIP	Greenwood, FL 32443		

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	Trustee		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wester, Will		
STREET ADDRESS	P.O. Box 375		
CITY - ST - ZIP	Grand Ridge, FL 32442		

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 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 like empowered.

SIGNATURE

*Don Johnson*

3-1-06

850-592-9438