

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004733

1. Entity Name
GRAND RIDGE BAPTIST CHURCH, INC.



FILED

07 APR 17 AM 9:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2093 PORTER AVE
GRAND RIDGE, FL 32442

Mailing Address
P.O. BOX 380
GRAND RIDGE, FL 32442



03292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2352441	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DON
6495 GOODWIN CIR
GRAND RIDGE, FL 32442

**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 *Donnell E Johnson*

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

(NOTE: Registered Agent signature required when reinstating)

4/5/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees ☐

400099187294
04/27/07--01030--011 **70.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	JOHNSON, DON
STREET ADDRESS	6495 GOODWIN CIR
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	T
NAME	NEEL, BILL
STREET ADDRESS	3023 CYPRESS GROVE RD
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	TR
NAME	CROFT, CHARLIE
STREET ADDRESS	3681 HWY 69
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	O
NAME	HUGHES, JOHN
STREET ADDRESS	6628 OLD SPANISH TR
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	TR
NAME	WESTER, WILL
STREET ADDRESS	P.O. BOX 375
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00006633242
04/16/07-80032-009 50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an other like empowered.

SIGNATURE: *Donnell E Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 850-592-4846
Date Daytime Phone #

7c 4/20