

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

JOHNSON, DON  
6495 GOODWIN CIR  
GRAND RIDGE FL 32442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 ☐ Delete  
NAME JOHNSON, DON  
STREET ADDRESS 6495 GOODWIN CIR  
CITY- ST- ZIP GRAND RIDGE FL 32442

TITLE ☐ Delete  
NAME NEEL, BILL  
STREET ADDRESS 3023 CYPRESS GROVE RD  
CITY- ST- ZIP GRAND RIDGE FL 32442

TITLE ☐ Delete  
NAME CROFT, CHARLIE  
STREET ADDRESS 3681 HWY 69  
CITY- ST- ZIP GREENWOOD FL 32443

TITLE ☐ Delete  
NAME HUGHES, JOHN  
STREET ADDRESS 6628 OLD SPANISH TR  
CITY- ST- ZIP GRAND RIDGE FL 32442

TITLE ☐ Delete  
NAME WESTER, WILL  
STREET ADDRESS P.O. BOX 375  
CITY- ST- ZIP GRAND RIDGE FL 32442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

*Donnell S. Johnson*

2-6-08