


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90019 006 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N04000005455</b>                 |  |
| 1. Entity Name<br>GRACE PLACE MINISTRIES, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>LAKESHORE BAPTIST CHURCH 2363 BLANDING BLD<br>JACKSONVILLE, FL 32210 | Mailing Address<br>LAKESHORE BAPTIST CHURCH 2363 BLANDING BLD<br>JACKSONVILLE, FL 32210 |
|---|---|

**50056981**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07212005 Chg-NP CR2E037 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>77-0640495</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent                 |  | 7. Name and Address of New Registered Agent        |          |
| HARPER, G THOMAS<br>4156 VENETIA BLVD<br>JACKSONVILLE, FL 32210 |  | 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 G. Thor. Harper (NOTE: Registered Agent signature required when reinstating) DATE July 21, 2005

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>SWEAT, RICHARD<br>LAKESHORE BAPTIST CHURCH 2363 BLANDING BLD<br>JACKSONVILLE, FL 32210 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>SWEAT, STEPHANIE<br>1967 HAZELNUT RUN W<br>JACKSONVILLE, FL 32073                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>HARPER, G THOMAS<br>4156 VENETIA BLVD<br>JACKSONVILLE, FL 32210                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>HARPER, JAMIE I<br>4156 VENETIA BLVD<br>JACKSONVILLE, FL 32210                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>COBB, NANCY S<br>9159 JONES RD<br>JACKSONVILLE, FL 32219                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>COBB, LOUIS R III<br>9159 JONES RD<br>JACKSONVILLE, FL 32219                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE: G. Thor. Harper DATE July 21, 2005 Daytime Phone # 904-296-7000