FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N15023

(7)

GRACE COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address									
Principal Place	e or Business	Mailing Address							
ENIEL CHURCH	RD.	PENIEL CHURCH RD.							
rt 3 box 2340 Palatka FL 321	77	RT 3 BOX 2340 PALATKA FL 32177-9554			Fr				
ACTION TO USE						 Date Incorporated or Qualified 05/20/1986 		e of Last R /01/199 (
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For			plied For	
21		26	······································			59-2605290			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
City & State	0	City & State					Fee Re		
23	e e	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip				ntry		8. This corporation has liability for in			
24	25	— ·	30			Florida Statutes Yes X No			
	9. Name and Address of Curre	ame and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			ļ	81	Name				ļ
COMBS, 1	TOMMY		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
RT 3 BOX	(2340								
PALATKA	FL 32177		1	83					
ı			Ì	84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617-1508, Florida Statute	s, the at	OVE	-named corp	oration submits this statement for the p		changing it	s registered
office or r agent. I a	egistered agent, or both, in the State im <u>familiar</u> with, and accept the oblig	ations of Section 617.0503 Flo	utnorized rid a jStati	utes	the corporation.	oration submits this statement for the poon's board of directors. I hereby accep	t the appo	intment as	registered
SIGNATURE	Tommy Combs	long la	h-				-21-9		
	Signature, typed or printed name of registered ag	·····		Age	ni signature require	a minori tangianny,	Drill C		SO 161 40
12.	,			13.		ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	Addition
NAME	PD Wise, Robert A.	_ otten	1.2 NAM		\		,	- Change	L recilion
STREET ADDRESS				1.3 STREET ADORESS					
CITY - ST - ZIP	PALATKA FL			1.4 CITY-ST-ZIP					}
TIPLE	D	DELETE	21 TITLE		·]	Change	Addition
NAME	BALE, HAROLD J., JR.		22 NAN		Ì				
STREET ADDRESS	MOONSTONE DRIVE			2.3 STREET ADDRESS					
CITY-ST-ZIP	E.PALATKA FL			2. 4 CITY-ST-ZIP					
TITLE	TD □ DELETE 3.1		3.1 TIT	3.1 TITLE				Change	Addition
NAME	BUCKLES, JOHN		3.2 NA	ME					
STREET ADDRESS	RT.5, BOX 6810				ADDRESS				
CITY-SI-ZIP	PALATKA FL	DELETE	3.4. CIT		T-ZIP			Change	Addition
TITLE		☐ pertit	4.1 TITLE 4.2 NAM				,	Criange	C Augillon
NAME CIDELL RODGE CC					ADDRESS				
STREET ADDRESS									
CHTY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE		1-£M			Change	Addition
NAME		-	5.2 NA				,		_
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5.4 CI						
TITLE				6.1 TITLE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
Į.	1				ı				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 30 1997 8:00am

Secretary of State

169/2001 DEL LIEDE BLIKE BERGE FIREN HILL BIRLE BERGE BIRLE BLEV BIRLE BLEV BIRLE