

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90035 003 \*\*\*\*70.00

0010039

**DOCUMENT # N15023**

1. Entity Name

**GRACE COMMUNITY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**PENIEL CHURCH RD.  
 RT 3 BOX 2340  
 PALATKA FL 32177**

**PENIEL CHURCH RD.  
 RT 3 BOX 2340  
 PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

**161 Peniel Church Rd.,  
 Suite, Apt. #, etc.**

**120 Dinkla Lane  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Palatka, FL**

**Palatka, FL**

4. FEI Number

**59-2605290**

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

**COMBS, TOMMY  
 RT 3 BOX 2340  
 PALATKA FL 32177**

Name

Street Address (P.O. Box Number is Not Acceptable)

**120 Dinkla Lane**

City

**Palatka**

**FL**

Zip Code

**32177**

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.

SIGNATURE

**Tommy Combs**

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

**Tommy Combs**

(NOTE: Registered Agent signature required when reinstating)

**4-25-01**

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **NEENAN, NED**  
 STREET ADDRESS **RT 3 BOX 1658 103 BALLARD CT**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BALE, HAROLD J., JR.**  
 STREET ADDRESS **MOONSTONE DRIVE**  
 CITY-ST-ZIP **E.PALATKA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Delete  
 NAME **BUCKLES, JOHN**  
 STREET ADDRESS **RT.5, BOX 6810**  
 CITY-ST-ZIP **PALATKA FL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Carmen Bass**  
 STREET ADDRESS **121 Palm Trail**  
 CITY-ST-ZIP **East Palatka, FL. 32131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 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 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 all other like empowered.

SIGNATURE

**Harold J. Bale Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01**

Date

**325-7455**

Daytime Phone #

CR2E037 (10/00)