

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90035 003 ****70.00

00100389

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

Palatka, FL

City & State

Palatka, FL

4. FEI Number

59-2605290

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 32177

Country USA

Zip 32177

Country USA

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	<input type="checkbox"/> Delete
NAME	NEENAN, NED	
STREET ADDRESS	RT 3 BOX 1658 103 BALLARD CT	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALE, HAROLD J., JR.	
STREET ADDRESS	MOONSTONE DRIVE	
CITY-ST-ZIP	E.PALATKA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BUCKLES, JOHN	
STREET ADDRESS	RT.5, BOX 6810	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Bass	
STREET ADDRESS	121 Palm Trail	
CITY-ST-ZIP	East Palatka, FL. 32131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)