

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90032 013 ****70.00

DOCUMENT # N15023
 1. Entity Name
 GRACE COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business: 161 PENIEL CHURCH ROAD, PALATKA FL 32177, US
 Mailing Address: 120 DINKLA LANE, PALATKA FL 32177, US

34002838



MOORE CR2E037 (11/03)

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

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
 COMBS, TOMMY
 120 DINKLA LANE
 PALATKA FL 32177

7. Name and Address of New Registered Agent
 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: Tommy Combs, Pastor Romy Combs 1-26-04
 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, 2004

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: PD NAME: NEENAN, NED STREET ADDRESS: RT 9 BOX 1658, 103 BALLARD CT CITY-ST-ZIP: PALATKA FL 32177 | <input type="checkbox"/> Delete |
| TITLE: D NAME: BALE, HAROLD J., JR. STREET ADDRESS: MOONSTONE DRIVE CITY-ST-ZIP: E.PALATKA FL | <input type="checkbox"/> Delete |
| TITLE: TD NAME: COMBS, THYRA STREET ADDRESS: 120 PINKLA LANE CITY-ST-ZIP: PALATKA FL 32177 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: _____ NAME: _____ STREET ADDRESS: 113 Donnelly Rd., CITY-ST-ZIP: _____ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 all other like empowered.

SIGNATURE: Thyra Combs, Thyea S. Combs 1-26-04 386-328-4824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #