FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15079 (9)

1. Corporation Name

GRACE BAPTIST CHURCH, OF TALLAHASSEE, FLORIDA IN C.

Principal Place of Business

AENON CHURCH RD.
TALLAHASSEE FL 32304

Mailing Address

AENON CHURCH RD.
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1986

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2794885 ☐ Applied For ☐ Not Applicable

2. [illegible]
21 Grace Baptist Church
22 Aenon Church Rd.
23 Tallahassee, Florida
24 32304 25 Leon 29 30

[illegible]ling Address R4-1 Same
[illegible]e, Apt. #, etc.
[illegible] & State
Zip Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSS, DR CLARK E
2961 BYINGTON CIR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Clark E. Cross 02-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	KELLY, JIM	1.2 NAME	
STREET ADDRESS	2406 DOCO ST	1.3 STREET ADDRESS	2406 Poco ST
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	32304
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	TURNAGE, CURTISS	2.2 NAME	D Guelzow, Wayne
STREET ADDRESS	HC2 / BOX 9485 N/A	2.3 STREET ADDRESS	Rt. 35, Box 126-E
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BOYD, MRS SHELBY	3.2 NAME	
STREET ADDRESS	481 LONGPINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	32310
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	CROSS, DR CLARK E	4.2 NAME	
STREET ADDRESS	2961 BYINGTON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	32303
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	MCINTYRE, ROBERT	5.2 NAME	Richard Kuhne
STREET ADDRESS	RT 9 BOX 259 N/A	5.3 STREET ADDRESS	5091 Red Gum Rd.
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, Fl. 32303
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Clark E. Cross 02-27-95 576-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027/02