


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90279 003 ****61.25

DOCUMENT # N38377			
1. Entity Name GRACE TABERNACLE (INDEPENDENT) BAPTIST CHURCH OF HERNANDO COUNTY, FLORIDA, INC.			
Principal Place of Business 1661 W. JEFFERSON STREET BROOKSVILLE FL 34601		Mailing Address PO BOX 10009 BROOKSVILLE FL 34603	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0208716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MASON, JOSEPH M. JR 101 S MAIN ST BROOKSVILLE FL 34601		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGGINBOTHAM, JOHN 22423 LAKE LINDSEY RD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAMSON, CLAUDE 20021 RUTH ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dan Clark <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22089 Snow Hill Rd Brooksville FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERKINS, GLORIA 4228 NANCY CREEK BLVD. BROOKSVILLE FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Alfred Allen, III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 Hickory St Brooksville FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALOGH, CHARLES 2333 ENDSLEY RD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ralph Weer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14852 Brookridge Blvd W Brooksville FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: John F. Higginbotham Date: 4/12/05 Daytime Phone #: 352-799-1157