

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47477 (7)**

1. Corporation Name

GRACE BAPTIST CHURCH OF LAKE CITY, FLORIDA, INC.



Principal Place of Business RT 9 BOX 232 LAKE CITY FL 32055	Mailing Address RT 9 BOX 232 LAKE CITY FL 32024-9609 US
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3. Date Incorporated or Qualified 02/20/1992	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21 RT. 15, Box 232 Suite, Apt. #, etc. 22 City & State 23 Lake City, FL. Zip 24 32024 Country	2a. Mailing Address 26 RT. 15, Box 232 Suite, Apt. #, etc. 27 City & State 28 Lake City, FL. Zip 29 32024 Country	4. FEI Number 59-3129789 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANE, JOHN
RT 9 BOX 232
LAKE CITY FL 32024**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) RT. 15, Box 232	83	84 City FL	85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, R.J.	1.2 NAME	
STREET ADDRESS	RT 2 BOX 325-H	1.3 STREET ADDRESS	RT. 2, Box 8862
CITY-ST-ZIP	FT WHITE FL	1.4 CITY-ST-ZIP	32038
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRENTINE, WILLIAM B.	2.2 NAME	
STREET ADDRESS	RT 3 BOX 1543P	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, EDWIN A.	3.2 NAME	
STREET ADDRESS	RT 5 BOX 943	3.3 STREET ADDRESS	RT. 22, Box 2943
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	32024
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VD
STREET ADDRESS		4.3 STREET ADDRESS	SCHREIBER, BRIAN P.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RT. 9, Box 4528 LAKE CITY, FL. 32024
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **Edwin A. Rose** **4/29/97**

CR2E037 (9/96)