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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:54

DOCUMENT # N93000000221 (2)

1. Corporation Name

GRACE BAPTIST CHURCH OF PORT ST. JOE, INCORPORATED

Principal Place of Business	Mailing Address
504 MONUMENT AVE PORT ST JOE FL 32456 US	PO BOX 725 PORT ST JOE FL 32456 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-3164346 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

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

WITTEN, FRED N
2000 CYPRESS AVE
PORT ST JOE FL 32456

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D TR	☒ Change ☐ Addition
NAME	COLBERT, KESLEY H	1.2 NAME		
STREET ADDRESS	1310 GARRISON AVE	1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	PT ST JOE FL 32456-0445	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D TR	☒ Change ☐ Addition
NAME	GEOGHAGAN, DENNIS H	2.2 NAME	ALCORN, CLAUDE	
STREET ADDRESS	1912 FOREST PK AVE	2.3 STREET ADDRESS	PO BOX 13338 N/A	
CITY-ST-ZIP	PT ST JOE FL 32456-0445	2.4 CITY-ST-ZIP	MEXICO BEACH FL 32410	
TITLE	D	3.1 TITLE	D TR	☒ Change ☐ Addition
NAME	WITTEN, FRED N	3.2 NAME	MIZE, JOHNNY	
STREET ADDRESS	200 CYPRESS AVE	3.3 STREET ADDRESS	1024 WOODWARD AVE	
CITY-ST-ZIP	PT ST JOE FL 32456-0445	3.4 CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	LAMBERSON, C R	4.2 NAME		
STREET ADDRESS	201 LONG AVE	4.3 STREET ADDRESS	Same	
CITY-ST-ZIP	PORT ST JOE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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: C R Lamberson C. R. LAMBERSON 1/15/95 (904)229-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020117