

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N93000000221 (2)

1. Corporation Name

GRACE BAPTIST CHURCH OF PORT ST. JOE, INCORPORAT  
ED

Principal Place of Business

Mailing Address

504 MONUMENT AVE  
PORT ST JOE FL 32456  
US

PO BOX 725  
PORT ST JOE FL 32456  
US



3. Date Incorporated or Qualified

01/15/1993

4. FEI Number

59-3164346

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ALCORN, CLAUDE  
STREET ADDRESS PO BOX 13338  
CITY-ST-ZIP MEXICO BEACH FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

N/A

ZIP 32410

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MIZE, JOHNNY  
STREET ADDRESS 1024 WOODWARD AVE  
CITY-ST-ZIP PORT ST JOE FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

SAME

(JUST ADDED) ZIP 32456

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME LAMBERSON, C R  
STREET ADDRESS 201 LONG AVE  
CITY-ST-ZIP PORT ST JOE FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

143 WESTCOTT CIRCLE

ZIP 32456

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME CARL G. MORGAN  
STREET ADDRESS 1809 MARVIN AVE.  
CITY-ST-ZIP PORT ST JOE FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Same

(JUST ADDING ZIP) ZIP 32456

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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14. 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 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:

*[Handwritten Signature]* 1/2/98

CF2E037 (10/97)