

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90100 036 ****61.25

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DOCUMENT # N93000000221

1. Corporation Name

GRACE BAPTIST CHURCH OF PORT ST. JOE, INCORPORATED

Principal Place of Business

504 MONUMENT AVE
PORT ST JOE FL 32456
US

Mailing Address

PO BOX 725
PORT ST JOE FL 32456-32457
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/15/1993

4. FEI Number

59-3164346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

OFFICERS AND DIRECTORS

12. TITLE ☒ DELETE

NAME DTR
ALCORN, CLAUDE
STREET ADDRESS PO BOX 13338 N/A
CITY-ST-ZIP MEXICO BEACH FL 32410

TITLE ☐ DELETE

NAME DTR
MIZE, JOHNNY
STREET ADDRESS 1024 WOODWARD AVE
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE ☐ DELETE

NAME T
LAMBERSON, C R
STREET ADDRESS 143 WESTCOT CIRCLE
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE ☐ DELETE

NAME DTR
CARL G. MORGAN
STREET ADDRESS 1609 MARVIN AVE.
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DTR ☐ Change ☒ Addition

1.2 NAME WITTEN, FRED N
1.3 STREET ADDRESS 2000 CYPRESS AVE
1.4 CITY-ST-ZIP PORT ST JOE FL 32456

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

C. R. Lamberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99
Date

850 227-1534
Daytime Phone #

CR2E037 (11/98)