

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000221

1. Entity Name

GRACE BAPTIST CHURCH OF PORT ST. JOE, INCORPORAT

Principal Place of Business

Mailing Address

504 MONUMENT AVE
PORT ST JOE FL 32456
US

PO BOX 725
PORT ST JOE FL 32457-0725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTR
ALCORN, CLAUDE
2000 CYPRESS AVE
PORT ST JOE FL 32456 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTR
SEAY, CRAIG
603 16TH STREET
PORT ST JOE, FL 32456 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
143 WESTCOTT CIR ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *C. R. Lamberson* C. R. LAMBERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (850) 227-1534

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90010 016 ****61.25

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3164346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required