

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000221

FILED
Jan 11, 2004
Secretary of State

Entity Name: GRACE BAPTIST CHURCH OF PORT ST. JOE, INCORPORATED

Current Principal Place of Business:

504 MONUMENT AVE
PORT ST JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 725
PORT ST JOE, FL 324570725 US

New Mailing Address:

FEI Number: 59-3164346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTS, TOMMY
1908 FOREST PARK AVENUE
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTR () Delete
Name: SEAY, CRAIG
Address: 603 -16TH ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DTR () Delete
Name: MIZE, JOHNNY
Address: 1024 WOODWARD AVE
City-St-Zip: PORT ST JOE, FL 32456

Title: T () Delete
Name: LAMBERSON, C R
Address: 143 WESCOTT CIR
City-St-Zip: PORT ST JOE, FL 32456

Title: DTR () Delete
Name: PITTS, TOMMY
Address: 1908 FOREST PARK AVENUE
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C R LAMBERSON

T

01/11/2004

Electronic Signature of Signing Officer or Director

Date