2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2003
Secretary of State

DOCUMENT# N93000000221

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 32457 US

New Mailing Address:

PO BOX 725
PORT ST JOE, FL 324570725 US

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 01/04/2003
Electronic Signature of Signing Officer or Director — Date