

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005666

FILED
Apr 19, 2006
Secretary of State

Entity Name: GRACE BAPTIST CHURCH OF CENTRAL FL, INC.

Current Principal Place of Business:

919 LONGWOOD HILLS ROAD
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

114 BEAUFORT DR.
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3225273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, DAVID
114 BEAUFORT DR.
LONGWOOD, FL 32779 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: P/T () Delete
Name: TICE, JAMES,
Address: 8 W. THRUSH
City-St-Zip: APOPKA, FL 32712

Title: V/T () Delete
Name: BAUCOM, ROBERT
Address: 944 BAKEWELL CT. APT. 202
City-St-Zip: LAKE MARY, FL 32746

Title: T/T () Delete
Name: BURCH, GILBERT O
Address: 358 HANGING MOSS
City-St-Zip: LAKE MARY, FL 32746

Title: S/T () Delete
Name: BURCH, GILBERT D
Address: 755 OAKLAND HILLS CIR., APT #107
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V/T (X) Change () Addition
Name: BAUCOM, ROBERT
Address: 944 BAKEWELL CT. APT. 202
City-St-Zip: LAKE MARY, FL 32746

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 Chapter 119, 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: GILBERT O. BURCH

S/T

04/19/2006

Electronic Signature of Signing Officer or Director

Date