

2007. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002918

1. Entity Name
GRACE BAPTIST CHURCH OF CRAWFORDVILLE, INC.



Principal Place of Business
803 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

Mailing Address
803 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2886138

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, PAULA
8771 D L CROSBY LANE
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME CROSBY, PAULA
STREET ADDRESS 8771 D L CROSBY LANE
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE T ☐ Delete
NAME THOMPSON, RAYMOND B
STREET ADDRESS 146 FOX RUN CIR.
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE T ☒ Delete
NAME O'CONNOR, DOUGLAS
STREET ADDRESS 1800 MICCOSUKEE COMMONS DR #1114
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 300101351733
STREET ADDRESS 05/03/07--01016--021 **61.25
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Rhonda Sapp
STREET ADDRESS 803 Crawfordville Hwy.
CITY-ST-ZIP Crawfordville, FL 32327

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

850-926-3217

Daytime Phone #