

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90034 045 \*\*\*\*70.00



**DOCUMENT # 717041**

1. Entity Name  
**MT. GILBOA MISSIONARY BAPTIST CHURCH OF  
BARTOW, FLORIDA, INC.**

Principal Place of Business  
**1205 MARTIN LUTHER KING JR. BLVD.  
POST OFFICE BOX 1533  
BARTOW, FL 33830**

Mailing Address  
**1205 MARTIN LUTHER KING JR. BLVD.  
POST OFFICE BOX 1533  
BARTOW, FL 33830**



09032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>05-0038904</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROGERS JR, ARCHIE  
2335 TEE CIRCLE E.  
BARTOW, FL 33830**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, ARCHIE JR 2335 TEE CIRCLE E BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCC MAXWELL, WILLIE M 920 CHILDS AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLINN, LB 1350 MARTIN LUTHER KING BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFC STEPHENS, TIMOTHY J 2375 TEE CIRCLE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Archie Rogers Jr. PRESIDENT 9/3/05 863-533-1672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #