


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90260 049 \*\*\*\*61.25

<b>DOCUMENT # 719747</b>					
1. Entity Name GUNN HIGHWAY BAPTIST CHURCH, INC.					
Principal Place of Business 28315 BAYHEAD RD DADE CITY, FL 33523 US			Mailing Address 28315 BAYHEAD RD DADE CITY, FL 33523 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		18108 Wood Creek Place			
City & State		Lutz, FL			
Zip		Country		Zip	
				33548 Hillsborough	
4. FEI Number 59-1375197			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARNAGE, ARCHIE LYNN 18710 SWEETBAY LANE DADE CITY, FL 33523			Name Cross, Janice H. Street Address (P.O. Box Number is Not Acceptable) 18108 Woodcreek Place City Lutz FL Zip Code 33548		
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 Janice H. Cross <i>Janice H. Cross</i> April 13, 2004 <small>Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARPLESS, ROY A JR		NAME		
STREET ADDRESS	11707 COUNTRY CLUB PL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336124102		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, OTIS		NAME		
STREET ADDRESS	925 PINEHILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARNAGE, LOUISE J.		NAME	Treasurer	
STREET ADDRESS	18710 SWEETBAY LANE		STREET ADDRESS	Dorff, Jeanette H.	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	654 Carrigan Woods Trail	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Oveido, FL 32765	
NAME	CROSS, JANICE H		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	18108 WOODCREEK PL		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Janice H. Cross</i> Janice H. Cross 4/13/04 813-949-8671 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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