

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:54

DOCUMENT # 726731 (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF GRAY GABLES, INC.

Principal Place of Business

Mailing Address

CHURCH ROAD AND U S 1
PO BOX 629
CALLAHAN FL 32011

CHURCH ROAD AND U S 1
PO BOX 629
CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/19/1973	04/05/1994
4. FEI Number	Applied For Not Applicable
59-1724515	
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COURSON, ROBERT D
MT OLIVE RD
RT 2 BOX 1265
CALLAHAN FL 32011

81 Name	Jackson, Billy Ray
82 Street Address (P.O. Box Number is Not Acceptable)	Rt 4 Box 849
83	Church Road
84 City	Callahan
85 Zip Code	FL 32011

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Billy Ray Jackson Billy Ray Jackson DATE _____
Signature is typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	JACKSON, BILLY R	1.2 NAME	Jackson, Billy Ray
STREET ADDRESS	RT. 4, BOX 849 CHURCH RD	1.3 STREET ADDRESS	Rt 4 Box 849, Church Road
CITY - ST - ZIP	CALLAHAN, FL 00000	1.4 CITY - ST - ZIP	Callahan, FL 32011
TITLE	PD	2.1 TITLE	VPD
NAME	COURSON, ROBERT D.	2.2 NAME	Nantz, James V
STREET ADDRESS	RT. 2, BOX 1265 MT. OLIVE RD.	2.3 STREET ADDRESS	Rt 2 Box 46 Lem Turner Road
CITY - ST - ZIP	CALLAHAN, FL 00000	2.4 CITY - ST - ZIP	Callahan, FL 32011
TITLE	D	3.1 TITLE	
NAME	NANTZ, JAMES V.	3.2 NAME	Jones, Kenneth
STREET ADDRESS	RT. 2, BOX 46 LEM TURNER RD.	3.3 STREET ADDRESS	Rt 3 Box 1375, Church Rd
CITY - ST - ZIP	CALLAHAN FL	3.4 CITY - ST - ZIP	Callahan, FL 32011
TITLE	D	4.1 TITLE	
NAME	PESATA, WILLIAM	4.2 NAME	Smith, Frank
STREET ADDRESS	RT. 3, BOX 1380 PINE WOOD CT.	4.3 STREET ADDRESS	Rt 3 Box 1523, Ratliff Rd
CITY - ST - ZIP	CALLAHAN, FL 00000	4.4 CITY - ST - ZIP	Callahan, FL 32011
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Billy Ray Jackson Billy Ray Jackson 2-22-95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR