

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726731 (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF GRAY GABLES, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JACKSON, BILLY RAY
RT 4 BOX 849
CHURCH ROAD
CALLAHAN FL 32011

3. Date Incorporated or Qualified

06/19/1973

3a. Date of Last Report

03/07/1995

4. FEI Number

59-1724515

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, BILLY R
STREET ADDRESS RT. 4, BOX 849 CHURCH RD
CITY-ST-ZIP CALLAHAN, FL 00000

☐ DELETE

TITLE VPD
NAME NANTZ, JAMES V.
STREET ADDRESS RT 2 BOX 46 LEM TURNER ROAD
CITY-ST-ZIP CALLAHAN, FL 00000

☐ DELETE

TITLE D
NAME NANTZ, JAMES V.
STREET ADDRESS RT. 2, BOX 46 LEM TURNER RD.
CITY-ST-ZIP CALLAHAN FL

☒ DELETE

TITLE D
NAME PESATA, WILLIAM
STREET ADDRESS RT. 3, BOX 1390 PINE WOOD CT.
CITY-ST-ZIP CALLAHAN, FL 00000

☒ DELETE

TITLE D
NAME JONES, KENNETH
STREET ADDRESS RT 3 BOX 1375 CHURCH RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE D
NAME SMITH, FRANK
STREET ADDRESS RT 3 BOX 1523 RATLIFF RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE Director
22 NAME Nantz, James V
23 STREET ADDRESS Rt 2 Box 46 Lem Turner Road
24 CITY-ST-ZIP Callahan FL 32011

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE VPD
52 NAME Jones, Kenneth
53 STREET ADDRESS Rt 3 Box 1375 Church Road
54 CITY-ST-ZIP Callahan FL 32011

☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

879-2986

Daytime Phone #

CR2E037 (12/95)