## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

726731

(3)

| 1. Corporation Name  |  |                                   |                        |                                       | f   |   |                        |                 |
|--|--|-----------------------------------|------------------------|---------------------------------------|---|---|------------------------|-----------------|
| FIRST  | BAPTIST CHURCH OF GRA                              | AY GABLES, INC.                   |                        |                                       |   |   |                        |                 |
| Principal Place of Business Mailing Address  |  |                                   |                        |                                       |   | L CORDIN DEGLO HARIO GINES TORGET COLOR GIRLI DIBLI | OLEN SIGN DISK D       | IEII EIBIT IEGT |
| 3158 SOUTH KINGS ROAD CHURCH ROAD AND U.S.1  |  |                                   |                        |                                       | 3.  | Date Incorporated or Qualified                      |                        |                 |
| PO BOX 629 PO BOX 629 GALLAHAN FL 32011 CALLAHAN FL 32011  |  |                                   |                        |                                       |   | 06/19/1973  |                        |                 |
| US   | <b>52</b> 011                                      | ONCENTRIA LE 02011                |                        |                                       | 4.  | FEI Number  | A                      | pplied For      |
| 9 Dringing D   | tons of Divisions                                  | 2a. Mailing Address               |                        |                                       |   | 59-1724515  |                        | ot Applicable   |
| 2. Principal Place of Business 21  |  | 26                                |                        | Б.                                    | Certificate of Status Desired   |   | Additional<br>lequired |                 |
| Suite, Apt.  | #, etc.  | Sulte, Apt. #, etc.               |                        | 6.                                    | Election Campaign Financing Trust Fund Contribution                                     | \$5.00<br>Added t                                   |                        |                 |
| City & State   | ð  | City & State                      |                        | 7.                                    | 7. Is this nonprofit corporation a homeowners association?                              |   |                        |                 |
| 23   |  | 28                                |                        |                                       | ☐ Yes ☐ No  |   |                        |                 |
| Zip  | Country  | Zip                               | Countr                 | У                                     | 8.  | This corporation owes or has paid the o             |                        |                 |
| 24 26 26 26 26 27 26 27 26 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27  |  | 29 30 30                          |                        | 10                                    | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |   |                        |                 |
| <del> </del>   | J. Hallo Wild Addiese O. Colley                    |                                   | 81                     | Name                                  |   |   |                        |                 |
| JACKSO   | N, BILLY RAY                                       |                                   | 82                     | Street                                | Address (P  | O. Box Number is Not Acceptable)                    |                        |                 |
| RT 4 BOX 849   |  |                                   |                        | 4511 Church Road                      |   |   |                        |                 |
| CHURCH ROAD  |  |                                   |                        |                                       |   |   |                        |                 |
| CALLAHAN FL 32011  |  |                                   | 84                     | City                                  |   |   | <b>85</b> Zip          | Code            |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registored agent, or both, in the State of Florida. Such change was autil agent. I am familiar with, and a papt the obligations of, Section 617.0503, Florida. |  |                                   |                        | n namad                               | corporation   | a submite this statement for the purpose            |                        | to registered   |
| office or r  | egistered agent, or both, in the State             | of Florida. Such change was a     | uthorized b            | y the corp                            | poration's t  | coard of directors. I hereby accept the a           | ppointment as          | registered      |
| 1  | St II Kan Iliaa                                    | //                                |                        |                                       |   |   | ary 14,                |                 |
| SIGNATURE  | Signature, typed or printed name of recipiered ago | ont and title if applicable (NOTE | Registered Ag          | entangia Ine                          | required when   |   |                        | 1330            |
| 12.  | OFFICERS AND DIRECTORS                             |                                   | 13.                    |                                       |   | ADDITIONS/CHANGES TO OFFICERS A                     |                        |                 |
| TITLE  | DEFELE   |                                   | 1.1 TITLE              |                                       |   |   | Change                 | Addition        |
| NAME<br>STREET ADDRESS   | JACKSON, BILLY R<br>RT. 4, BOX 849 CHURCH RD       | 1                                 | 12 NAME                |                                       |   |   |                        |                 |
| CITY-ST-ZIP  | CALLAHAN, FL 00000                                 |                                   |                        | 1.3 STREET ADDRESS<br>1.4 City-St-Zip |   |   |                        |                 |
| TITLE  | D  | DELETE                            | 2.1 TITLE              |                                       |   |   | Change                 | Addition        |
| NAME   | NATZ, JAMES V                                      |                                   | 2.2 NAME               |                                       | ŀ   |   |                        |                 |
| STREET ADDRESS   | RT 2 BOX 46 LEM TURNER F                           | ROAD                              | 2.3 STREE              | 2.3 STREET ADDRESS 2                  |   | Lem Turner Road                                     |                        |                 |
| CITY-ST-ZIP  | CALLAHAN FL  |                                   | 2.4 CITY - ST-ZIP      |                                       | <b> </b>  |   | N                      | 2 - 401         |
| TITLE  | VPD \(\textit{\textit{Z}}\) DELETE                 |                                   | 3.1 TITLE              |                                       |   |   | Change                 | Addition        |
| NAME<br>CTOTES ADDRESS   | JONES, KENNETH<br>RT 3 BOX 1375 CHURCH ROAD        |                                   | 3.2 NAME               |                                       |   | Braddock<br>McKendree Dr                            |                        |                 |
| STREET ADDRESS CITY-ST-ZIP   | CALLAHAN FL  |                                   |                        |                                       |   | ahan, FL 32011                                      |                        |                 |
| TITLE  | D DELETE   |                                   | 4.1 TITLE              |                                       |   | andii, IB Jevii                                     | Change                 | Addition        |
| NAME   | SMITH, FRANK                                       |                                   | 4. 2 NAME              | 4. 2 NAME                             |   |   |                        |                 |
| STREET ADDRESS   | RY 3 BOX 1523 RATLIFF RD                           |                                   | 4.3 STREE              | 4.3 STREET ADDRESS                    |   | Ratliff Road  |                        |                 |
| CITY-ST-ZIP  | CALLAHAN FL  |                                   |                        | 4.4 CITY-ST-ZIP                       |   |   | <b>1</b> 80            | 1 4 2 951       |
| TITLE  | DELETE   |                                   | 5.1 TITLE              |                                       |   |   | Change                 | Addition        |
| NAME<br>CYDEET ADDRESS   | •  |                                   | 5.2 NAME               | Ĭ                                     |   |   |                        |                 |
| STREET ADDRESS   |  |                                   | 1                      | T ADDRESS                             | }   |   |                        | İ               |
| CITY-ST-ZIP<br>TITLE   |  | ☐ DELETE                          | 5.4 City-<br>6.1 Title | 31-ZIP                                |   |   | Change                 | ☐ Addition      |
| NAME   |  |                                   | 6.2 NAME               |                                       |   |   |                        |                 |
| STREET ADDRESS   |  |                                   |                        | T ADDRESS                             |   |   |                        |                 |

14. 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 annual report or suppliemental 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 Sill of holes Billy Ray Jackson

3RZE037 (10/97)

**FILED** 

Mar 18 1998 8:00am

Secretary of State