

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90076 014 *****70.00

DOCUMENT # 726731

1. Entity Name

FIRST BAPTIST CHURCH OF GRAY GABLES, INC.

Principal Place of Business

3158 SOUTH KINGS ROAD
 PO BOX 629
 CALLAHAN FL 32011
 US

Mailing Address

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

00010888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1724515

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, BILLY RAY
4511 CHURCH RD
CHURCH ROAD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. 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 D
 NAME SALTFOORD, REBECCA
 STREET ADDRESS 4591 MAPLEWOOD COURT
 CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE VPD
 NAME BRADDOCK, L L
 STREET ADDRESS 4655 MCKENDREE DR
 CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE D
 NAME SMITH, FRANK
 STREET ADDRESS 5388 RATLIFF RD
 CITY-ST-ZIP CALLAHAN FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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:

Billy Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 904-879-2982

CR2E037 (10/00)