


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90025 021 \*\*\*\*70.00

**DOCUMENT # 726731**

1. Entity Name  
**FIRST BAPTIST CHURCH OF GRAY GABLES, INC.**



Principal Place of Business  
**3158 SOUTH KINGS ROAD  
 CALLAHAN, FL 32011 US**

Mailing Address  
**P O BOX 629  
 CALLAHAN, FL 32011**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**54031 Church Road**

3. Mailing Address  
 Suite, Apt. #, etc.  
 \_\_\_\_\_

02102004 Chg-NP CR2E037 (10/03)

City & State  
**Callahan FL**

City & State  
 \_\_\_\_\_

4. FEI Number  
**59-1724515**

Applied For  
 Not Applicable

Zip  
**32011**

Country  
**US**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALDERMAN, KEN  
 3887 OGILVIE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ken Alderman* **Ken Alderman, Trustee** **2/10/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALDERMAN, KEN 3887 OGILVIE ROAD CALLAHAN, FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALTFORD, REBECCA 4591 MAPLEWOOD COURT CALLAHAN, FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BRADDOCK, L L 4679 MCKENDREE DR CALLAHAN, FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TALLENT, GENE 2088 DEER RUN DRIVE CALLAHAN, FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alderman, Ken 54031 Church Rd Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Saltford Rebecca 44048 Maplewood Court Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Braddock Lt 44097 McKendree Drive Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallent, Gene 55047 Deer Run Road Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ken Alderman* **Ken Alderman** **2/10/04**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #