## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 02, 2005 8:00 am Secretary of State 03-02-2005 90077 008 \*\*\*\*70.00

DOCUMENT # 726731  1. Entity Name FIRST BAPTIST CHURCH OF GRAY GABLES, INC.						03-02-200	5 90077 0	008 ****70	0.00
Principal Place of Business Mailing Address 54031 CHURCH RD. P 0 B0X 629 CALLAHAN, FL 32011 US CALLAHAN, FL 32011							4001	1130	
2. Principal Place of Business		3. Mailing Add	3. Mailing Address						III 11 II.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State			4. FEI Numbe 59-1724				olied For Applicable
Zip	Country	Zip	Co	ountry	5. Certificate	of Status Desired	i d	\$8.75 Addi	tional
	6. Name and Address of Currer	nt Registered Agent	t -		7. Name and	Address of New	Registered .		
ALDEDMANI KENI			Name	,					
ALDERMAN, KEN 3887 OGILVIE ROAD CALLAHAN, FL 32011				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing its register.				red office or re					
	ions of registered agent.		nanging to region	, , , , , , , , , , , , , , , , , , , ,	ogistoroo agattii or oon		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE.	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Register	red Agent signature	e required when reinstating)		DATE		
	Filing Fee is \$61.25		Election Campaign		_ <b>\$5.00</b> May Bo	9		k payable to	
	Due by May 1, 2005	ī	rust Fund Contribu	ution.	7,0000 10 1 000		orida Depai	rtment of St	ate
10.	Due by May 1, 2005  OFFICERS AND 0	DIRECTORS -	rust Fund Contribu	ution.	\$5.00 May Be Added to Fees ADDITIONS/CHA		orida Depai	rtment of Sta	10
10. TITLE	Due by May 1, 2005	DIRECTORS -	rust Fund Contribu	ttion.			orida Depai	rtment of St	ate
TITLE	OFFICERS AND D	DIRECTORS -	rust Fund Contribu	ttion.			orida Depai	rtment of Sta	10
TITLE NAME	OFFICERS AND DEPT ALDERMAN, KEN 54225 OGILVRE RD. CALLAHAN, FL 32011	DIRECTORS -	Trust Fund Contribution  11.  Delete IIIII  NAI  STF	tion.			orida Depai	rtment of Sta	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DEPT ALDERMAN, KEN 54225 OGILVRE RD. CALLAHAN, FL 32011	DIRECTORS ·	Trust Fund Contribu	LE ME REET ADDRESS TY-ST-ZIP			orida Depai	rtment of Sta	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT ALDERMAN, KEN 54225 OGILVRE RD. CALLAHAN, FL 32011 T SALTFORD, REBECCA	DIRECTORS ·	Trust Fund Contribution  11. Delete IIIII NAI STE CIT  Delete IIIII NAI NAI NAI	LE ME REET ADDRESS IY-ST-ZIP			orida Depai	rtment of Sta IRECTORS IN	10 Addition
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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. Ken Alderman

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

879: 2986 Daytime Phone #