


**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.**



Principal Place of Business  
**54031 CHURCH RD.  
 CALLAHAN, FL 32011 US**

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

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**ALDERMAN, KEN  
 3887 OGILVIE ROAD  
 CALLAHAN, FL 32011**

4. FEI Number  
**59-1724515**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_  
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, 2005**

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	PT	<input type="checkbox"/> Delete
NAME	ALDERMAN, KEN	
STREET ADDRESS	54225 OGILVRE RD.	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALTFORD, REBECCA	
STREET ADDRESS	44048 MAPLEWOOD CT.	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BRADDOCK, L L	
STREET ADDRESS	44097 MCKENDRE DR.	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	T	<input type="checkbox"/> Delete
NAME	TALLET, GENE	
STREET ADDRESS	55047 DERT RUN RD.	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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** 2/28/05 879-2986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #