


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 726731
 1. Entity Name
 FIRST BAPTIST CHURCH OF GRAY GABLES, INC.



Principal Place of Business Mailing Address
 54031 CHURCH RD. P O BOX 629
 CALLAHAN, FL 32011 US CALLAHAN, FL 32011



04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1724515	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 4/23/06
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALDERMAN, KEN 54225 OGILVRE RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALTFORD, REBECCA 44048 MAPLEWOOD CT. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BRADDOCK, L L 44097 MCKENDRE DR. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TALLENT, GENE 55047 DERT RUN RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/08/06-80032-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/23/06 401-879-2986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #