

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90043 033 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1724515	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDERMAN, KEN 3807 OGILVIE ROAD 54225 Ogilvie Rd 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 <u><i>Ken Alderman</i></u> Ken Alderman <u>3/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALDERMAN, KEN 54225 OGILVIE RD. CALLAHAN, FL 32011	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	54225 Ogilvie Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALTFORD, REBECCA 44048 MAPLEWOOD CT. CALLAHAN, FL 32011	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BRADDOCK, L L 44097 MCKENDREE DR. CALLAHAN, FL 32011	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	44097 McKendree Dr
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TALLENT, GENE 55047 DERT RUN RD. CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Smith 43214 Ratliff Rd Callahan FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 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: <u><i>Ken Alderman</i></u> Ken Alderman <u>3/11/07</u> <u>879-2982</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					