

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726731

FILED
Jan 08, 2009
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF GRAY GABLES, INC.

Current Principal Place of Business:

54031 CHURCH RD.
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 629
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 59-1724515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, KEN
54225 OGILVIR RD
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

ALDERMAN, KEN
54225 OGILVIE RD
CALLAHAN, FL 32011 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

01/08/2009

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ALDERMAN, KEN
Address: 54225 OGILVIER RD
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: SALTFFORD, REBECCA
Address: 44048 MAPLEWOOD CT.
City-St-Zip: CALLAHAN, FL 32011

Title: VPT () Delete
Name: BRADDOCK, L L
Address: 44097 MCKENDREE DR
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: SMITH, FRANK
Address: 43214 RATLIFF RD
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ALDERMAN, KEN
Address: 54225 OGILVIE RD
City-St-Zip: CALLAHAN, FL 32011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN ALDERMAN

Electronic Signature of Signing Officer or Director

PT

01/08/2009

Date