

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90061 018 ****61.25

DOCUMENT # 729692
1. Entity Name
ROCKY CREEK BAPTIST CHURCH, INC.



Principal Place of Business: **6403 THERESA RD. TAMPA FL 33615**
Mailing Address: **6403 THERESA RD. TAMPA FL 33615**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____
Zip: _____ Country: _____

00001100



1st MOORE CR2E037 (10/04)

4. FEI Number: **05-0095422**
Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**REED, DALLAS F.
7901 WINSTON LANE
TAMPA FL 33615**

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: _____

**FILE NOW: 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 NAME	VD GASKALLA, DWIGHT	<input type="checkbox"/> Delete
STREET ADDRESS	9711 ELM WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	SD REED, DALLAS F.	<input type="checkbox"/> Delete
STREET ADDRESS	7901 WINSTON LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE NAME	D GLEATON, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	8322 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D HEMBY, THOMAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6914 W. CLIFTON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D HEMBY, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6914 W. CLIFTON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE: **GASKALLA, DWIGHT** *Dwight Gaskalla* 1-31-05 813-885-3498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #