


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 044 ****61.25

DOCUMENT # 732522 1. Entity Name GATEWAY BAPTIST CHURCH OF BLOUNTSTOWN, FLORIDA, INC.					
Principal Place of Business 17667 MAIN ST., N BLOUNTSTOWN, FL 32424 US			Mailing Address 17667 MAIN ST N BLOUNTSTOWN, FL 32424 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2318551	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEASON, R W 17667 N MAIN ST BLOUNTSTOWN, FL 32424				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 _____ <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, 2008		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	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODUM, DAVID		NAME	LEANN SHOEMAKE	
STREET ADDRESS	18309 NE FRANK WILLIAMS LN		STREET ADDRESS	16423 SW MIMOSA ST	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLGOOD, JOHN		NAME	LINDA MCCLELLAN	
STREET ADDRESS	20622 NE LAMBERT ST		STREET ADDRESS	11788 SE GREEN LANE	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP	KINARD FL 32449	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDEN, BERT		NAME		
STREET ADDRESS	20121 NE WADE ST		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICKRON, JIM		NAME		
STREET ADDRESS	18614 SW BARFIELD RD.		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAWN, EDWIN		NAME		
STREET ADDRESS	20634 CENTRAL AVE., E.		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, WILLIAM T		NAME		
STREET ADDRESS	19093 SW DESSIE STONE RD.		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
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: <i>Edwin C Strawn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			EDWIN C STRAWN 1-16-08 850-674-8801 <small>Date Daytime Phone #</small>		