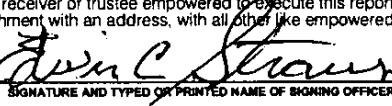


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

<b>DOCUMENT # 732522</b>		
<p>1. Entity Name <b>GATEWAY BAPTIST CHURCH OF BLOUNTSVILLE, FLORIDA, INC.</b></p>		
<p>Principal Place of Business <b>17667 MAIN ST., N BLOUNTSVILLE, FL 32424 US</b></p>		<p>Mailing Address <b>17667 MAIN ST N BLOUNTSVILLE, FL 32424 US</b></p>
<p>2. Principal Place of Business - No P.O. Box #</p>		<p>3. Mailing Address</p>
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>
<p>City &amp; State</p>		<p>City &amp; State</p>
Zip	Country	Zip
		Country
<p>6. Name and Address of Current Registered Agent</p> <p><b>DEASON, R W 17667 N MAIN ST BLOUNTSVILLE, FL 32424</b></p>		<p>7. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) City</p>
		<p>FL Zip Code</p>
<p>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.</p>		
<p>SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE _____</p>		
<p><b>Filing Fee is \$61.25 Due by May 1, 2008</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
<p><b>Make check payable to Florida Department of State</b></p>		
<p><b>10. OFFICERS AND DIRECTORS</b></p>		<p><b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b></p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>P ODUM, DAVID 18309 NE FRANK WILLIAMS LN BLOUNTSVILLE, FL 32424</p>	<p><input type="checkbox"/> Delete</p> <p><b>D LEANN SHOEMAKE 16423 SW MIMOSA ST BLOUNTSVILLE, FL 32424</b></p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>D ALLGOOD, JOHN 20622 NE LAMBERT ST BLOUNTSVILLE, FL 32424</p>	<p><input type="checkbox"/> Delete</p> <p><b>D LINDA McCLELLAN 11788 SE GREEN LANE KINARD FL 32449</b></p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>D HARDEN, BERT 20121 NE WADE ST BLOUNTSVILLE, FL 32424</p>	<p><input checked="" type="checkbox"/> Delete</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>D PICKRON, JIM 19614 SW BARFIELD RD. BLOUNTSVILLE, FL 32424</p>	<p><input checked="" type="checkbox"/> Delete</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>D STRAWN, EDWIN 20634 CENTRAL AVE., E. BLOUNTSVILLE, FL 32424</p>	<p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>TD COOK, WILLIAM T 19093 SW DESSIE STONE RD. BLOUNTSVILLE, FL 32424</p>	<p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>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.</p>		
<p><b>SIGNATURE:</b> </p>		<p>EDWIN C STRAWN 1-16-08 850-674-8801 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>
		<p>Date _____ Daytime Phone # _____</p>