

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732522

FILED
Apr 18, 2009
Secretary of State

Entity Name: GATEWAY BAPTIST CHURCH OF BLOUNTSTOWN, FLORIDA, INC.

Current Principal Place of Business:

17667 MAIN ST., N
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

17667 MAIN ST N
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

FEI Number: 59-2318551 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEASON, R W
17667 N MAIN ST
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ODUM, DAVID
Address: 18309 NE FRANK WILLIAMS LN
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: ALLGOOD, JOHN
Address: 20622 NE LAMBERT ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: SHOEMAKE, LEANN
Address: 16423 SW MIMOSA ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: MCCLELLAN, LINDA
Address: 11788 SE GREEN LANE
City-St-Zip: KINARD, FL 32449

Title: D (X) Delete
Name: STRAWN, EDWIN
Address: 20634 CENTRAL AVE., E.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: TD (X) Delete
Name: COOK, WILLIAM T
Address: 19093 SW DESSIE STONE RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KING, ROGER
Address: 17667 MAIN STREET NORTH
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D (X) Change () Addition
Name: SHOEMAKE, LEANN
Address: 16423 SW MIMOSA ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D (X) Change () Addition
Name: MCCLELLAN, LINDA
Address: 11788 SE GREEN LANE
City-St-Zip: KINARD, FL 32449

Title: D (X) Change () Addition
Name: ALDAY, BARBIE J
Address: 17667 MAIN STREET NORTH
City-St-Zip: BLOUNTSTOWN, FL 32424

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: BARBIE J ALDAY

D

04/18/2009

Electronic Signature of Signing Officer or Director

Date