

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739124

FILED
Jan 19, 2007
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF GILLETTE, INC.

Current Principal Place of Business:

3301 97TH STREET EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P O BOX 1268
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 59-2181586 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TEACHEY, LYNN
905 24TH AVE W
PALMETTO, FL 34221 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: D () Delete
Name: FLETCHER, JOHN
Address: 3010 85TH ST. E.
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: TEACHEY, LYNN
Address: 905 24TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: TEACHEY, BOB
Address: 905 24TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: CADWELL, JOHN B
Address: 4003 57TH ST. E.
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LYNN TEACHEY

D

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date