


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 757621		
1. Entity Name UNION BAPTIST CHURCH OF GILCHRIST COUNTY, FLORIDA, INC.		
Principal Place of Business 6259 SE 75TH AVE NEWBERRY, FL 32669	Mailing Address 6259 SE 75TH AVENUE NEWBERRY, FL 32669 US	



03022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0205199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, THERESA A 6689 SE 55 STREET TRENTON, FL 32693	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ADDY 9969 CR 337 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD TOMBLEY, JERREL 4079 SE 90TH AVE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, WAYNE 25318 SW 30TH AVE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/07/05-80058-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Theresa A Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-05 352472 3845
Date Daytime Phone #