2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #765448

1. Entity Name

FIRST BAPTIST CHURCH OF GARDEN CITY, INC.



FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3140 HASKELL-LANGLEY ROAD CRESTVIEW, FL 32539-9142

3140 HASKELL-LANGLEY ROAD CRESTVIEW, FL 32539 US



01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2382505

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, CHARLES J 6169 GARDEN CITY ROAD CRESTVIEW, FL 32539

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	1100000001100
10.	OFFICERS AND DIREC	CTORS			1 1000000601108 - 01 (20 (07, 00020, 014, 01, 20
TITLE NAME STREET ADDRESS CITY+ST-ZIP	TR JENKINS, CHARLES J 6169 GARDEN CITY ROAD CRESTVIEW, FL 32539				01/26/07-80036-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BAGGETT, RALPH E 3179 BAGGET LANE CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PITTS, WILLIAM E 3990 BAMBI CRESTVIEW, FL 32539			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that he information indicated on this 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:

SIGNATURE AND TYPED ON TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jarry Jankins

1-21-67

\$ 50 . LKA - 760

Daytime Phone #