


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 044 ****61.25

DOCUMENT # N03675 1. Entity Name GONZALEZ BAPTIST CHURCH, INC.					
Principal Place of Business 1590 PAULINE STREET GONZALEZ, FL 32560 US			Mailing Address P.O. BOX 37 GONZALEZ, FL 32560		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1655774	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JENNINGS, LEE 1490 GOLDENROD RD CANTONMENT, FL 32533				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLEY, DEWITT (1ST)		NAME		
STREET ADDRESS	1340 W. ROBERTS RD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, JEFFREY M.		NAME		
STREET ADDRESS	2375 HANDY RD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILLAM, FRED		NAME		
STREET ADDRESS	1135 HWY 95A SOUTH		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, JAN		NAME	Cecil Sernigan, Jr.	
STREET ADDRESS	1411 JENNINGS STREET		STREET ADDRESS	8900 Chisholm Road	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	P JARVIS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRIS, BYRON		NAME	←	
STREET ADDRESS	1415 OLD CHEMSTRAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Byron Jarvis</u> (Byron Jarvis) 3-28-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					