


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90172 043 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40069382



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1655774		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JENNINGS, LEE 1490 GOLDENROD RD CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
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, 2006**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	
NAME	GILLEY, DEWITT (1ST)			NAME	Malcolm H. Seibert, III		
STREET ADDRESS	1340 W. ROBERTS RD			STREET ADDRESS	954 Caterpillar Lane		
CITY-ST-ZIP	CANTONMENT, FL			CITY-ST-ZIP	Cantonment, FL 32533		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, JEFFREY M.			NAME	Kenneth Rigby		
STREET ADDRESS	2375 HANDY RD			STREET ADDRESS	1865 Bradley Ave.		
CITY-ST-ZIP	CANTONMENT, FL			CITY-ST-ZIP	Cantonment, FL 32533		
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 type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JERNIGAN, CECIL JR			NAME			
STREET ADDRESS	8900 CHISHOLM ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARVIS, 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 exemptions contained 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 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: Byron Jarvis **Byron Jarvis** **4-18-06 (850) 554-3541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #