

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000001265**

1. Entity Name

**MT. GILEAD BAPTIST CHURCH OF SUWANNEE COUNTY  
FLORIDA, INC.**



Principal Place of Business

**18305 56TH STREET  
LIVE OAK, FL 32060**

Mailing Address

**18305 56TH STREET  
LIVE OAK, FL 32060**



01062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATSON, GARY  
17350 16TH STREET  
LIVE OAK, FL 32060**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

000000779879  
01/11/08-80055-001 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JENKINS, LAMAR  
3296 WEST TOWER ROAD  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WATSON, GARY  
17350 16TH STREET  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DREIFUS, JOSEPH  
18960 24TH STREET  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JENKINS, WILLIAM  
18101 66TH STREET  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Lamar Jenkins*  
**LAMAR JENKINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-08 386-362-3511**

Date

Daytime Phone #