

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

DOCUMENT # N 06216

2005 + 2006

1. Entity Name

Gap Pond Free Will Baptist Church and
Community Cemetery, Inc.



06 SEP 25 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRG
9/27

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1980 Gap Pond Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1411 Virginia Ave

Suite, Apt. #, etc.

City & State

Chipley, FL

Zip 32428

Country

US

City & State

Lynn Haven, FL

Zip

32444

Country

U.S.

4. FEI Number

59-2447565

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Burnsed, Doris

Street Address (P.O. Box Number is Not Acceptable)

1411 Virginia Ave

City

Lynn Haven

FL

Zip Code

32444

**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

Doris L. Burnsed

Signature, typed or printed name of registered agent and title if applicable

Doris Burnsed

(NOTE: Registered Agent signature required when reinstating)

9/19/06

DATE

**FEE IS \$61.25
Initial or Amended AR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Burnsed, Doris 1411 Virginia Ave. Lynn Haven, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Harrison, Kimberly 1411 Virginia Ave. Lynn Haven, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Milton, Beatrice 1606 SE 39th Place Gainesville, FL 32640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Walters, Robert E. 3520 Hwy 162 Bonifay, FL 32425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris L. Burnsed

Doris Burnsed

9/19/06 850-265-3080