

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06216

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** GAP POND FREE WILL BAPTIST CHURCH AND COMMUNITY CEMETERY, INC.

**Current Principal Place of Business:**

1980 GAP POND BLVD.  
CHIPLEY, FL 32428 US

**New Principal Place of Business:**

**Current Mailing Address:**

1411 VIRGINIA AVE.  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 59-2447565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BURNSED, DORIS  
1411 VIRGINIA AVE.  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURNSED, DORIS  
Address: 1411 VIRGINIA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD  
Name: HARRISON, KIMBERLY  
Address: 1411 VIRGINIA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D  
Name: MILTON, BEATRICE  
Address: 1606 SE 39TH PLACE  
City-St-Zip: GAINESVILLE, FL 32640

Title: D  
Name: MORRIS, MARY  
Address: 1043 PIONEER RD  
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY HARRISON

STD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date