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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22749 (8)

1. Corporation Name

THE GILGAL BAPTIST CHURCH OF CHRISTMAS, FLORIDA, INC.



Principal Place of Business

Mailing Address

20875 COLONIAL DRIVE
PO BOX 35
CHRISTMAS FL 32709-9718

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PO BOX 35
CHRISTMAS FL 32709-9718

3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAIRD, THOMAS
1350 BONNEAU BLVD.
CHRISTMAS FL 32709**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **BAIRD, THOMAS D.**
STREET ADDRESS **1350 BONNEAU BLVD.**
CITY-ST-ZIP **CHRISTMAS FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **VD**
STREET ADDRESS **STORY, STEVEN**
CITY-ST-ZIP **P.O. BOX 487, N/A**
CHULUOTA FL

2.2 NAME **SD**
2.3 STREET ADDRESS **COLLEEN M. SWAIN**
2.4 CITY-ST-ZIP **18801 TACOMA STREET**
ORLANDO, FL 32833

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **STD**
STREET ADDRESS **DANIEL, ELIZABETH**
CITY-ST-ZIP **1311 BONNEAU BLVD.**
CHRISTMAS FL

3.2 NAME **STD**
3.3 STREET ADDRESS **ELLEN KAY HOWARD**
3.4 CITY-ST-ZIP **14183 HUNTER GROVE DRIVE**
ORLANDO, FL 32828

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T**
STREET ADDRESS **BAIRD, THOMAS D**
CITY-ST-ZIP **1350 BONNEAU BLVD**
CHRISTMAS FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **KERCE, JOHNNY**
CITY-ST-ZIP **18957 OLD CHENEY HWY**
ORLANDO FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas D. Baird **THOMAS D. BAIRD** 2/14/96 407-568-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)