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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32709-971820875 COLONIAL DRIVE
PO BOX 35
CHRISTMAS FL 32709-00353. Date Incorporated or Qualified
09/29/19873a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 PD
NAME BAIRD, THOMAS D.
STREET ADDRESS 1350 BONNEAU BLVD.
CITY-ST-ZIP CHRISTMAS FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VD
NAME STORY, STEVEN
STREET ADDRESS P.O. BOX 487, N/A
CITY-ST-ZIP CHULUOTA FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE SD
NAME SWAIN, COLLEEN M.
STREET ADDRESS 18801 TACOMA STREET
CITY-ST-ZIP ORLANDO FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE STD
NAME HOWARD, ELLEN KAY
STREET ADDRESS 14183 HUNTER GROVE DRIVE
CITY-ST-ZIP ORLANDO FL
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME KERCE, JOHNNY
STREET ADDRESS 18957 OLD CHENEY HWY
CITY-ST-ZIP ORLANDO FL
☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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: Ellen Kay Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

407-275-1191

Daytime Phone # 0012996

CR2E037 (9/96)