

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N23071

1. Entity Name
GARDNER BAPTIST CHURCH, INC.



Principal Place of Business
**8639 U.S. HWY. 17 S.
ZOLFO SPRINGS, FL 33890 US**

Mailing Address
**GARDNER BAPTIST CHURCH INC.
8639 U.S. HWY. 17 S.
ZOLFO SPRINGS, FL 33890 US**



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2339773

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 N. BREVARD AVENUE
ARCADIA, FL 33821**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, HAROLD RT 4, BOX 132 SUBURAN ST. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LUSTER, JERRY 3125 N.E. EARNEST ST. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, GLADYS 2245 FISH BRACH RD. ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000501013
04/25/06-80044-021 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY LUSTER 4/4/06 863 494-6961
Date Daytime Phone #