

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

10 MAY 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2339773
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JERRY LUSTER
PO Box 912 219 E. Magnolia St.
ARCADIA, FL 34265
Arcadia, FL 34266

**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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2010

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

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IN THIS SPACE**

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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

4/29/10 863 494-6962
Date Daytime Phone #