

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90039 011 ****61.25

66004367



1st MOORE CR2E037 (10/04)

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N94000001619 | | | | | |
| 1. Entity Name GRAND ISLAND BAPTIST CHURCH, INC. | | | | | |
| Principal Place of Business 13229 COUNTY RD 44 GRAND ISLAND FL 32735 | | | Mailing Address P.O. BOX 350759 GRAND ISLAND FL 32735 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3236240 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POTTER, RACHEL 34515 LINDEN LANE EUSTIS FL 32736 | | | 7. Name and Address of New Registered Agent Name <u>Sadie Gatch</u> Street Address (P.O. Box Number is Not Acceptable) <u>2551 Gattford</u> City <u>Eustis</u> FL <u>32726</u> | | |
| 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 <u>Sadie M Gatch</u> Signature, typed or printed name of registered agent and title if applicable | | | | DATE <u>1-27-05</u> (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW. FEE IS \$61.25 Due By May 1, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| | | | Make Check Payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FEEZOR, DONALD J JR | | NAME | | |
| STREET ADDRESS | 11410 LAKE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG FL 34788 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHMIDT, DENNIS | | NAME | | |
| STREET ADDRESS | 11750 WATTS CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAVARES FL 32778 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AMOS, SHIRLEY | | NAME | | |
| STREET ADDRESS | 3513 INDIAN TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL 32726 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAWKINS, MARK | | NAME | | |
| STREET ADDRESS | 362234 S MAINES CREEK RD. 41334 N. Babb Rd | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG FL 34788 - Umatilla, FL 32784 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | POTTER, RACHEL | | NAME | Director | |
| STREET ADDRESS | P.O. BOX 448 | | STREET ADDRESS | Sadie Gatch | |
| CITY-ST-ZIP | EUSTIS FL 32727 | | CITY-ST-ZIP | 2551 Gattford Rd | |
| | | | | Eustis FL 32726 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I 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 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: <u>Shirley J. Amos</u> <u>Shirley J. Amos</u> 1-28-05 152-3570008 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |