

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005184**

1. Entity Name  
**GASKIN FIRST BAPTIST CHURCH, INC.**



Principal Place of Business  
**107 CO HWY 181 EAST  
WESTVILLE, FL 32464 US**

Mailing Address  
**107 CO HWY 181 EAST  
WESTVILLE, FL 32464 US**



04062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3050238** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GREEN, WILLIAM H  
22 EAST BALDWIN AVE.  
DEFUNIAK SPRINGS, FL 32433**

**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 reappointing)

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**

**000000505902  
04/26/06-80133-013 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COLLINSWORTH, BOBBY R  
2007 COLLINSWORTH RD  
WESTVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MITCHEM, KENNETH  
508 PUNCH BOWL RD  
DEFUNIAK SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BRONSON, VIOLET  
1281 BRAXTON RD  
WESTVILLE, FL 32464**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PETERS, VONNIE  
1328 COLLINSWORTH RD  
WESTVILLE, FL 32464**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
BECK, TAMMY  
1276 BRAXTON RD.  
WESTVILLE, FL 32464**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *Bobby R. Collinworth***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-10-06 950-859-2601**  
Date Daytime Phone #