

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

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000001055

1. Entity Name

THE GARDENVILLE BAPTIST CHURCH, INC.



Principal Place of Business

7010 PAYNE AVE  
GIBSONTON FL 33534

Mailing Address

P O BOX 7  
GIBSONTON FL 33534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3040060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, ROBERT  
9203 RIVERCOVE DR  
RIVERVIEW FL 33569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Robert A. Wood* Registered Agent

22 Jan 2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME SHERWOOD, STEVE  
STREET ADDRESS 1117 PARK DR  
CITY- ST- ZIP SEFFNER FL

TITLE ☐ Change ☐ Addition  
NAME U000000204330  
STREET ADDRESS 01/29/05-80067-018 70.00  
CITY- ST- ZIP

TITLE SD ☐ Delete  
NAME WOOD, ANN  
STREET ADDRESS 9203 RIVERCOVE DR  
CITY- ST- ZIP RIVERVIEW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VTD ☐ Delete  
NAME WOOD, ROBERT  
STREET ADDRESS 9203 RIVERCOVE DRIVE  
CITY- ST- ZIP RIVERVIEW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME LASTINGER, LILLIAN  
STREET ADDRESS 7511 LITHIA PINECREST ROAD  
CITY- ST- ZIP LITHIA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME JOHNSON, M. JEANIE  
STREET ADDRESS 11002 EKKER ROAD  
CITY- ST- ZIP GIBSONTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Robert A. Wood* Registered Agent, Treas. V.P. 22 Jan 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-677-5263