

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

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # N95000001055

1. Entity Name
THE GARDENVILLE BAPTIST CHURCH, INC.



Principal Place of Business
7010 PAYNE AVE
GIBSONTOWN, FL 33534

Mailing Address
P O BOX 7
GIBSONTOWN, FL 33534



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

WOOD, ROBERT
9203 RIVERCOVE DR
RIVERVIEW, FL 33569

**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 *Robert A. Wood* Robert A. Wood

10-May-2006

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000564525
05/20/06-80074-004 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERWOOD, STEVE 1117 PARK DR SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, ANN 9203 RIVERCOVE DR RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WOOD, ROBERT 9203 RIVERCOVE DRIVE RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTINGER, LILLIAN 7511 LITHIA PINECREST ROAD LITHIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, M. JEANIE 11002 EKKER ROAD GIBSONTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert A. Wood* Robert A. Wood *10-MAY-2006* 813-677-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #