

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705318

1. Entity Name

GOSPEL LIGHT BAPTIST CHURCH HOLDING COMPANY INC.

Principal Place of Business

3415 APALACHEE PKWY
TALLAHASSEE FL 32301

Mailing Address

3415 APALACHEE PKWY
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32311

Country

Zip

32311

Country

4. FEI Number

59-1159322

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

NOLAN, LARRY S.
2524 STONEHOUSE COURT
TALLAHASSEE FL 32301

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME GARGUS, GARY
STREET ADDRESS 2041 FOREST GLEN CT
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE P ☒ Change ☐ Addition
NAME James mckendree
STREET ADDRESS 1142 Walden Road
CITY-ST-ZIP Tallahassee FL 32311

TITLE V ☐ Delete
NAME MCKENDREE, JAMES
STREET ADDRESS 1142 WALDEN ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE V ☒ Change ☐ Addition
NAME Nelson, O.C.
STREET ADDRESS 7070 Carmel Drive
CITY-ST-ZIP Tallahassee FL 32308

TITLE D ☒ Delete
NAME WILLIAMS, M L
STREET ADDRESS 3091 LAKEVIEW DR.
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE S ☒ Change ☐ Addition
NAME Perrine, William
STREET ADDRESS 267 Ross Road
CITY-ST-ZIP Tallahassee FL 32310

TITLE D ☐ Delete
NAME JOHNSON, E N
STREET ADDRESS 41 QUAIL CT
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE T ☒ Change ☐ Addition
NAME Nolan, Larry S
STREET ADDRESS 2524 Stonehouse Ct
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☐ Delete
NAME MATTHEWS, J. EDWARD
STREET ADDRESS 511 LYNDALE
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE D ☒ Change ☐ Addition
NAME Gargus, Gary
STREET ADDRESS 2041 Forest Glen Ct
CITY-ST-ZIP Tallahassee FL 32303

TITLE T ☐ Delete
NAME NOLAN, LARRY S.
STREET ADDRESS 2524 STONEHOUSE CT
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☒ Change ☐ Addition
NAME matthews, J. Edward
STREET ADDRESS 511 Lyndale
CITY-ST-ZIP Tallahassee FL 32301

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

Larry S Nolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-02

Date

414-8828

Daytime Phone #

CR2E037 (9/01)