FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:30

DOCUMENT # **706080** **(9)**

1. Corporation Name

THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business	Mailing Address
4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY FL 33846-0217	4104 CLUBHOUSE ROAD PO BOX 217 HIGHLAND CITY FL 33846-0217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1963
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-2254076 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc 22:
Suite, Apt. #, etc 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

9. Name and Address of Current Registered Agent

PARRISH, MICHAEL C
942 HAMILTON PLACE LN.
LAKELAND FL 33846

10. Name and Address of New Registered Agent

81 Name: Steve Ayersman
82 Street Address (P.O. Box Numbers Not Acceptable): 3934 Spoonbill Ct
83:
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Steven Ayersman — STEVEN AYERSMAN (Registered Agent signature required if changed) — DATE: 6-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	PARRISH, MICHAEL	12 NAME	PD Steve Ayersman
STREET ADDRESS	942 HAMILTON PLACE LN.	13 STREET ADDRESS	3934 Spoonbill Ct
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	Lakeland FL 33813
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	KIRBY, BRADLEY	22 NAME	VD Lane Stark
STREET ADDRESS	4218 SPOONBILLE CT.	23 STREET ADDRESS	5520 S.E. 2nd St, Lot 2
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	Highland City FL 33846
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	WOMBLE, PAUL	32 NAME	TD Paul Womble
STREET ADDRESS	6220 KITTY FOX LANE	33 STREET ADDRESS	5503 6th St. S.E.
CITY ST ZIP	HIGHLAND CITY FL	34 CITY ST ZIP	Highland City FL 33846
TITLE	SD	41 TITLE	☐ Change ☒ Addition
NAME	STARK, LANE	42 NAME	SD Orion Spigner
STREET ADDRESS	5520 S.E. 2ND ST., LOT 2	43 STREET ADDRESS	750 Shady Ln
CITY ST ZIP	HIGHLAND CITY FL	44 CITY ST ZIP	Bartow FL 33830
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	SHEFFIELD, MARLIN	52 NAME	D John Knupp
STREET ADDRESS	5509 6TH ST SE	53 STREET ADDRESS	3410 Whitedove
CITY ST ZIP	HIGHLAND CITY FL	54 CITY ST ZIP	Highland City FL 33846
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	RESIGNED 12/94
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed or added by attachment with an "X".

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 Feb 95 — Date

813/644/5507 — Daytime Phone #

0067010

FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707333 (1)

1. Corporation Name

NORTH CENTRAL BAPTIST CHURCH OF GAINESVILLE, FLO RIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
OF GAINESVILLE FLORIDA INC 404 NORTHWEST 14TH AVENUE GAINESVILLE FL 32601	OF GAINESVILLE FLORIDA INC 404 NORTHWEST 14TH AVENUE GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 05/22/1964
3a. Date of Last Report: 03/28/1994
4. FEI Number: 02-0008706 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BEVILLE, EDGAR
4517 NW 108 ST
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the date adjacent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XPD	11 TITLE	PD XX Change ☐ Addition
NAME	XPENDLE, WILLIAM	12 NAME	WELDON, WILLIAM
STREET ADDRESS	X5606 NW 55TH AVENUEX	13 STREET ADDRESS	5606 NW 55 LN
CITY-ST-ZIP	XGAINESVILLE FLX	14 CITY-ST-ZIP	GAINESVILLE, FL
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BEVILLE, EDGAR	22 NAME	
STREET ADDRESS	4517 NW 108 ST	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	PALMER, ZANE	32 NAME	000001547690
STREET ADDRESS	8811 S.W. 8TH AVE.	33 STREET ADDRESS	-07/27/95--01055--018
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Edgar Beville Edgar Beville 7/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

000268