

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90106 007 \*\*\*\*61.25

**DOCUMENT # N00000002636**

1. Entity Name

**CHRISTIAN STUDY CENTER OF GAINESVILLE, INC.**

Principal Place of Business

Mailing Address

112 NW 16TH ST.  
 GAINESVILLE FL 32603

112 NW 16TH ST.  
 GAINESVILLE FL 32603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3638273**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNCH, JAMES W JR.**  
**112 NW 16TH ST.**  
**GAINESVILLE FL 32603**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
D/P <input type="checkbox"/> Delete	LYNCH, JAMES W DR. 112 NW 16TH ST. GAINESVILLE FL 32603	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DS/T <input type="checkbox"/> Delete	HOLM, CYNTHIA F MS. 2027 SW 83RD COURT GAINESVILLE FL 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D/V <input type="checkbox"/> Delete	SPENCER, KENDALL MR. 13840 ADMIRAL BEND JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	SOMMERVILLE, JOHN DR. 3756 NW 28TH PLACE GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	AKERS, RONALD DR. 8117 SW 90TH LANE GAINESVILLE FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	DOUGLAS, VONDA DR. 4700 ARCHER RD. #129 GAINESVILLE FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** \_\_\_\_\_ **2-29-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)