


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90003 007 \*\*\*\*61.25

<b>DOCUMENT # 707333</b> 1. Entity Name <b>NORTH CENTRAL BAPTIST CHURCH OF GAINESVILLE, FLORIDA, INC.</b>					
Principal Place of Business <b>OF GAINESVILLE FLORIDA INC</b> <b>404 NORTHWEST 14TH AVENUE</b> <b>GAINESVILLE, FL 32601</b>			Mailing Address <b>404 NW 14 AVE.</b> <b>GAINESVILLE, FL 32601</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>8001 NW 23 Ave</b>		3. Mailing Address Suite, Apt. #, etc. <b>8001 NW 23 Ave</b>			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>		4. FEI Number <b>02-0008706</b>	
Zip <b>32606</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JONES, LLOYD E III</b> <b>404 NW 14 AVE</b> <b>GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELDON, WILLIAM 5606 N.W. 55 LANE GAINESVILLE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, ZANE 8811 S.W. 8TH AVE. GAINESVILLE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATERS, PAUL 1105 NE 156 AVE GAINESVILLE, FL 32609		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <u>William M. Weldon</u>			<b>2/9/04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

34003744



01212004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL Zip Code