

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 707333

1. Entity Name
NORTH CENTRAL BAPTIST CHURCH OF GAINESVILLE,
FLORIDA, INC.



Principal Place of Business
8001 NW 23 AVE.
GAINESVILLE, FL 32606

Mailing Address
8001 NW 23 AVE.
GAINESVILLE, FL 32606



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0008706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, LLOYD E III
404 NW 14 AVE
GAINESVILLE, FL 32601

**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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | PD |
| NAME | WELDON, WILLIAM |
| STREET ADDRESS | 5606 N.W. 55 LANE |
| CITY - ST - ZIP | GAINESVILLE, FL |
| TITLE | VD |
| NAME | PALMER, ZANE |
| STREET ADDRESS | 8811 S.W. 8TH AVE. |
| CITY - ST - ZIP | GAINESVILLE, FL |
| TITLE | SD |
| NAME | WATERS, PAUL |
| STREET ADDRESS | 1105 NE 156 AVE |
| CITY - ST - ZIP | GAINESVILLE, FL 32609 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

000000200111
01/28/05-80013-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 352 373 3341